# PX3 Agarwal Attachment A Chase Bank Records

# **AFFIDAVIT**

Case No.: 772 3058

# Tammy Neathery, certifies and declares as follows:

- 1. I am over the age of 18 years and not a party to this action.
- My business address is 14800 Frye Road, Fort Worth, Texas 76155.
- 3. I am a custodian of records for JPMorgan Chase Bank, N.A. in the National Subpoena Processing Department located in Fort Worth, Texas.
- 4. Based on my knowledge of JPMorgan Chase Bank, N.A. 's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by JPMorgan Chase Bank, N.A. in the ordinary course of business.
- 5. Based on my knowledge of JPMorgan Chase Bank, N.A. 's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from information transmitted by, a person with knowledge of those matters.
- 6. It is the regular practice of JPMorgan Chase Bank, N.A. to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Texas, that the foregoing is true and correct.

Dated: 11/15/2016

Tammy Neathery

Doc Review Sr Specialist I
Texas Subpoena Processing

Sworn to before me this 15 day of Molubly

Notary Public

MICHAEL RUNNELS Notary ID # 130622753 My Commission Expires

April 12, 2020

Commission Expires

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Business Signature Card				BAI	nvěľone.
ACCOUNT WILE			ACCOUNT NUMBER	0152	
WHOLE HEALTH PRODUCTS INC			ACCOUNT TYPE	Bank One Commercial Che	cking
		T	AXPAYER ID NUMBER	20-0111360	
			DATE OPENED	08/08/2003	
BUSNESS ADDRESS			FORM OF BUSINESS	Corporation	
5346 CHRISTENSEN DR LITTLETON, CO 80123		1351	IANGE EXPIRATION	Bank One, NA (501) Gunbarrell 50 SHARON A PIERSON (303)245-6510 11/25/2003	DEC 0 1
PRIMARY IDENTIFICATION	io number	tasuer D	ATE DATE		2003
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26-Oct-16

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BUSINESS ACCOUNT ADD SIG	NERS FORM				
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NAME OF BUSINESS BOULDER N	IATURE LABS INC				# 1/ 52
				TAXPAYER ID NO	20-0111360: 8
Business Address <u>1500 Kans/</u>					<u> </u>
BRANCH NAME AND NO LONGMO	)NT - 242	BANK!	NO 501	BRANCH PHONE NO (3	03)651-1388 👸
NTEROFFICE MAILCODE CO1-90	PREPARED BY N	AME DALLAS R SWANGER		D/	TE 6/19/2006
Please add the following signer to the accounts	listed below (other authorized styners on				
Name of the Signer to Add		Title	Mh. W Signatu	70 4 1	Date
MARNIE K GAESLER	<del></del>	DIRECTOR OF FINANCE	NO KON	المالي	6-19-120
Identification 1) Divid's License		10 Number 922254940	lesuer CO	15504000 Data 11/22/2005	Expiration Date 02/02/2011
2) Nomb					
Account Numbers	1464	8938			
0152	4606				
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Business Signature Card				
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BUSINESS ADDRESS BES 18TH ST STE 300			CATE OPENEL FORM OF BUSINESS ISSUED 80	New Account Limited Liability Company JPMorgan Chase Bank, N.A. (501)
DENVER, CO 80202-2499 PRIMARY IDENTIFICATION Assumed Name Certificate	60 MUMBER 20091072883	ISSUER CO soe	ISSUANCE EXP DATE	Gunbarrell JOHN D AINSWORTH 303-246-6523 02/04/2018
SIGNER(S) TO SE ADDED LATER		<b>33</b>	-	
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LAIR W MCNEA	1329	Manager Menaged	2/4/09	
				four (CI)

26-Oct-16

260ct16-1183

CHASE O
Business Signature Care
ACCOUNT TITLE ("DEPOSITOR") AVAILANCHEWHITE LLC







TAXPAYER® NUMBER 27-5222943
ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 01/09/2012

New Account

FORM OF BUSINESS Limited Liability Company
USSUED BY JPMorgan Chase Bank, N.A. (703)
Schara Partition North
GAL G BRCWN
NCE EXP DATE 702-880-1410

01/09/2012

BUSINESS ADDRESS 7251 W LAKE MEAD BLVD STE 300

LAS VEGAS, NV 89128-8380 PRIMARY IDENTIFICATION

SIGNER(S) TO HE ADDED LATER

ED NUMBER ED1049620118

ISSUER NV SOS

02/24/2011

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CHASE © Business Signature Card ACCOUNT TITLE ("DEPOSITION") JUMPPER SOLUTIONS LLC:			TAXPAY	DUAT NUMBER VERD HUMBER COOMIT TYPE	5877 27-5213178 Chase Business Selec	d High Yield Savinga
BUSINESS ADDRESS 18 16 E SAHARA AVE STE 100				DATE OPENED OF BUSINESS 13SLOED BY	05/23/2011 New Account Limited Liability Comp JPMorgan Chasa Bad Sahara Pavilion North	ik, N.A. (703)
LAS VEGAS, NV 89104-3735					GAIL G BROWN	
PRIMARY IDENTIFICATION State Confidences of Business	ID NUMBER E01046020112	essuer NV SOS	ISSUANCE 02/24/2011	EXP DATE	702-880-1410 05/23/2011	
SEGNER(S) TO BE ADDED LATER						
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	form the pensions of perjury coefficience on this some do		-	-	Stank by completting the appro	priate Form VI-E.
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BLAIR W MICNEA	-1\$29	MANAGER	\$/	25/1/25	$\leq$	
MR WALTER M LONG J	3467	SIGNER		tzstu _	HILLAND	



Row (1200)



26Oct16-1174 26-Oct-16

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BUSINESS ADDRESS 711 S CARSON ST

ACCOUNT TITLE [DEPOSITOR]
WHITENING FAST LLC







TAIPAYERID MIRBER 45-2499950
ACCOUNT TYPE Chase Business Select High Yield Savings

**DATE OPENED 07/07/2011** 

New Account
New Account
FORM OF BUSINESS Limited Liability Company
ISSUED BY
JPMorgan Chase Bank, N.A. (703)
Seinera Position North
JULIO J JAUREGUII

702-269-0796 07/07/2011

CARSON CITY, NV 89701-5268

PRIMARY IDENTIFICATION State Cartilization of Business ID NUMBER E02912920111

ISSUANCE EXPIDATE 05/20/2011

BIGNER(8) TO BE ADDED LATER ACKNOTES, EXPERTY — By dipplage dis Signature Cest, the Depositor expiles to open a deposit execute at Printings of Charles Bank, N.A. (the Bank), The Depositor expressed and warrants bad (i) the signatures of the charles and (ii) all necessary action or location, white footstory, have been blen to definite the depositor prepared to open and. The Bank is englised to say on the action of the personal perso

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MR WALTER M LONG J7	467	SIGNER	·7/7/14	· Afficially	•
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THASE <b>©</b> Business Signature Card	빏		П

PILIFINESS ADDRESS 7261 W LAKE MEAD BLVD STE 300 LAS VEGAS, NV 89128-8380 PRIMARY (DENTIFICATION

ACCOUNT TITLE ("DEPOSITOR")
HYDRAWHITE LLC





TAXPAYERED NUMBER 27-8223130

ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 05/24/2011

ANTE OPENED OSIZAZO11

New Account

FORM OF BUSINESS I Limited Liability Company

ISSUED BY

JPMorgan Chase Bank, N.A. (703)

Satura Pavilion North

GAIL G BROWN

INCE. EXP DATE

2011

05/24/2011

E01049720117 SIGNER(S) TO BE ADOED LATER

02/24/2011

ingan Classe Burk, N.A. (the Bunk). The Depositor represents and ventracts that (t) the attractive appearing below are painting where sectorary, have been taken to authorize the numeric person(s) to so act. The Bank is emisted to mity on the authority of the letteration provided to the Bank is true to the best of Eth transledge and authorizes the Bank, at the starring to, be obtain count, avail fuller and Papiellations or other applicable account appropriett, within the provincions that apply to this deposit, applicable, and agree to be bound by the transled and conditions contained flavoring to as manded than fame to time. ACEANDESS. EDGERMENT — By algoing this Eigenture Card, the Depositor applies to open a deposit accor or facularile signatures of the person(s) authorized to branzact leminess and (i) all necessary action or fo

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PRESERV SCHÄLIGENDEN Weste December Signers 170 bei Auden (Aven	(D科)斯拉里克 2027/07/2023	. No	INTO SERVICE SERVICES	GML 9 SECURIN (702) 550-1410 (072772012
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BUSINESS ADDRESS 5260 LOOKOUT RO UNIT D				DATE OPEN	New Account	Company
BOULDER, CO 80301-3885				198VED 1	BY JPMorgan Chass Genbarrell JOSHIJA A CUN	e Bank, N.A. (501)
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PRIMARY IDENTIFICATION	ID HUMBER 2007 1520024	ISSUER CO Sec of State	1958ANCE 03/26/2008	03/26/2058	04492000	
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			ACCOUNT TYPE	
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BUSINESS ADDRESS			SAILO ENLI	New Account
1810 E SAHARA AVE STE 100			FORM OF BUSINESS	
			BSUED BY	
LAS VEGAS, NV 89104-3785				Sahara Pavilion North JLLIO J. JAUREGIA
		ISSUER	STAD TXT TXT	702-259-0796
PRIMARY IDENTIFICATION State Certification of Business	ID MUMBER ED1068320112	NV SOS	SSUANCE EXP DATE 02/24/2011	03/31/2011
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	HE12				
WE OF BUSINESS ABSOLUT	TELY WORKING LLC			<u></u>	
				TAXPAYER ID NO	. 27-5219317
ISINESS ADDRESS 1810 E SA	AHARA AVE STE 100, LAS VE	GAS, NV 89104-3735			
	RA PAVILION NORTH - 7409		703 E	RANCH PHONE NO. (	702) 880-1410
TEROFFICE MAILCODE NV1-3	3015 PREPARED BY:	NAME GAIL G BROWN		D	ATE: 08/09/2011
lease end the following signer to the accord	onts listed below (other authorized eignure				, , , , , , , , , , , , , , , , , , ,
lame of the Signer to Add		Title	Signature		Date
SLAIR W MCNEA		SIGNER .			_ ([]][]
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Major Credit Card		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TRST BANK	02/30/5010	03/39/2013
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CHASE © Business Signature Card ACCOUNT TITLE (DEPOSITOR) SMREE PRO DIRECT LLC					2012-08-24 16:37
BLISHESS ADDRESS 7702 E DOUBLETREE RANCH RD STE	380		FORM OF BUSINESS		37
SCOTTSDALE, AZ 85203-2192			ISSUED A	NY JPMorgan Chase Bank, N.A. (601) Scottedale Main -63 JOE S RODRIGUEZ	
			PREMISSION STEP DATE	(480) 970-7097	
PRIMARY IDENTIFICATION	10 NUMBER	ISSUER		G8/24/2012	
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Business address 100 Frlmore ST FL 5			Form of Business Issued by	
DENVER, CO 88206-4918				JOHN D AINSWORTH
PRIMARY IDENTIFICATION	ID NUMBER	ISSUER	ISSUANCE EXP DATE	303-245-6523 02/26/2009
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ACCOUNT TITLE ("DEPOSITOR")
HOW AND WHY LLC

**Business Signature Card** ACCOUNT NUMBER

ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED FORM OF BUSINESS ESSUED BY

Chese Busin 27-5254040

08/21/2013 Limited Liability Company - Manager Managed (LLC) JPMorgan Chase Bank, N.A. (501)

The Hill - 144814 DUSTRN W LOVELL

BUSINESS ADDRESS 2850 W HORIZON RIDGE PKWY STE 200 HENDERSON, NV 89052-4396

PRIMARY ID TYPE PRIMARY ID MUNIEER ISSUER E0105022011-5 Website Documentation SECONDARY ID TYPE SECONDARY ID NUMBER ISSUER

ISSUANCE DATE 02/24/2011 ISSUANCE DATE

(303) 474-3296 08/21/2013 EXPIRATION DATE 02/28/2014 EXPERATION DATE

SIGNER(S) TO BE ADDED LAYER

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at #PMorgan Chase Benk, N.A. (the "Benk"). The Depositor represents and warrants that (i) the signatures appearing below are graphing or facativitie signatures of the pseudo), authorized to transact touriness and (ii) all occessory ecloses or formalizes, where necessary, have been taken to authorize the remarked personals) to touch. The Depositor strains is entitled to every on the submitted to each time of such authority of the nemeric personals) until written recovered or such authority to be next. The Depositor submitted to be learned to the light interesting provide the submitted to the submitted and authority of the nemeric personals) until written recovered to the Depositor. The Depositor acknowledges needed of the Bank's Deposit Account Agrees or other application account agreement, which is clusted or forwiskons that apply to this deposit account, and other systements and convicte terms for ecount analysis and other transact repulsable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

PRINTED WASTE	TAXPAYER ID #	TILE	DATE	SIGNATURE -
BLAIR W MCNEA	1329	Manager	819117	<del>( )</del>
MARK A SANTIAGO	4017	Manager	08/21/2013	Refer to the Add Pentner/Manager Nat Present form
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26Oct16-1114 26-Oct-16



# CHASE O

#### ADD PARTNER/MEMBER/MANAGER **NOT PRESENT FORM**

(A Chase banker must complete all fields on this form)

Name of "Organization": How and why, LLC State of Organization: Newada										
☐ PARTNER ☐ MEMBER										
	rk_		(Middle Initial		atiag	10		HO40		
Percentage of Ownership:	_1_		19824 19824	Country of	d Cilizenship.	USA				
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la the Partner/Member/Ma	nager a curre	nt (active or	reserve) or form	er member of the	United States I	Military?	☐ Yes	DE No		
Home Phone #	Cell Phone	#	Work Phone #	Exi.	Fax#		niemational Ph	ione #		
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Secondary ID Type:		Issuer: SSA		"	4017	Issuance D	ate (if any):	Expiration Date (If any):		
Email Address:					-					

The individual signing this Form certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company or partnership, duly organized under the laws of the state of organization listed above;
- the individual signing this Form is a member (if managed by its members) ("Members") or manager (if managed by managers) ("Managers") or General Partner ("Partner") of the Organization; and
- the Organization has authorized all actions and agreements described in this Form in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

By completing and signing this Form, any partner, member or manager acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit eccount agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
  Sign ell agreements or other documents relating to any depository accounts or other business of the organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Denosit and Withdrawal Authorization

Each person authorized as a signer on the account(s) at account opening ("Authorized Person") may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Date Signed: 8/15/13 Signature of Partner/Member/Manager: Signature and identification verified by: Banker Name: Banker Signature:

Standard ID: 059

Bank Copy

861211-01 (04/13)

JPMorgan Chase Bank, N.A. Member FDIC



CHASE O Business Signature Card				
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PRIMARY IDENTIFICATION State Certification of Business	ID NUMBER 20081124397	ISSUER CO Sec of State	ISSUANCE EXP DATE 03/04/2000 03/04/2058	303-245-8523 04/17/2008
SIGNER(S) TO BE ADDED LATER	20101124007	CAS QUA DI GIANG	5364200	
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ACCOUNT TITLE ("DEPOSITOR")
ROADRUNNER EZC LLC

LAS VEGAS, NV 89128

BUSINEBS ADDRESS 7251 WEST LAKE MEAD BLVD STE 300

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED

FORM OF BUSINESS ISSUED BY

Chase BusinessSelect Checking 80-0909926 05/26/2013 Limited Liability Company - Manager Managed (LLC)

JPMorgan Chase Bank, N.A. (501) The HB - 144814

DUSTIN W LOVELL

(303) 474-3296

Website Documentation SECONDARY ID TYPE	SECONDARY ED NUMBER	ISSUER	03/28/2013 ISSUANCE DATE	EXPIRATION DATE	
None	ATED	<del>.</del>	<del></del>		

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorpan Chuse Bank, N.A. (the 'Bank'). The Depositor represents and warrants that (i) his signatures appearing below see genuine or feachable signatures of the person(o) authorized to transact business and (ii) all processory actions or formalities, where necessary, here been below to exclude a manual person(s) to sear. The Benk is entitled to they or the authority of the named person(s) that was the processor of the Bank. The Depositor certifies his the information person of the Bank is true to the Dest of its immediately or the authorities the Bank. At its discretion, to obtain crust reports on the Depositor. The Depositor administration and the processor of the Bank is true to the Dest of its immediately or the service bears of the Bank in the Polyment appropriate of the Bank is true to the Depositor administration and the Polyment application and agree to be bound by the terms and conditions contained there are seemed from time to time.

PRINTED HAME	TAXPAYER ID #	TTLE	OATE /	SOCOMATURES
BLAIR W MCNEA	328	Manager	5/28/13	
WALTER M LONG JR	3487	Menager	5/18/17	NOWA !
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ACCOUNT TITLE ("DEPOSITOR")
REVMOUNTAIN LLC

BOSINESS ADDRESS 7261 W LAKE MEAD BLVD STE 300





ACCOUNT NUMBER 45-1604299
ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 05/17/2011

FORM OF BUSINESS Limited Liability Company ISSUED BY JPMorgen Classe Bank, N.A. (601) Gunbarrell VIVIAN X LI

LAS VEGAS, NV 89128-8380 PRIMARY (DENTIFICATION

State Cariffication of Business SIGNER(S) TO BE ADDED LATER NV20111202231

ISSUER State of Nevada

ISSUANCE EXP DATE 03/24/2011 03/31/2012

303-245-6510 05/17/2011

INVEST. IN THE PROPERTY OF SEGUENCE Clear, the Depositor opplies to opon n deposit account of Philogen Cheen Benk, M.A. (The Block). The Depositor represents and seamests that (f) the eigenforce appearing below in principle adjustment of the personal property of the personal personal

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BLAIR W MCNEA	329	Manager Managed	5/17/11	
CHRISTI D CAMERON		director of notwork relations	anlı	OFE



26Oct16-1004 26-Oct-16

CHASE O







ACCOUNT TITLE ("DEPOSITOR") BRAND FORCE LLC

BUSINESS ADDRESS 357 MCCASLIN BLVD STE 200

LOUISVILLE, CO 80027-2932

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER

DATE OPENED FORM OF BUSINESS ISSUED BY

09/26/2013 Limited Liability Company - Manager Managed (LLC) JPMorgan Chase Bank, N.A. (501)

The HIII - 144614 DUSTIN W LOVELL (303) 474-3286

27-1858244

PRIMARY ID TYPE PRIMARY ID NUMBER BSUER ISSUANCE DATE EXPIRATION DATE 20101043500 01/21/2010 Website Documentation œ SECONDARY ID TYPE SECONDARY ID NUMBER ISSUER ISSUANCE DATE EXPERATION DATE

SIGNERSS) TO BE ADDED LATER

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPNorgan Chasse Bank, N.A. (the "Bank"). The Depositor represents and variants that (i) the objectives appearing below are genuthe or facetically algorithms operated by the processory operation or formalities, where necessory, have been lation to authorize the named person(s) to so at. The Bank is the effect to rely on the outhorize of the present of the person of the person of source authority is received by the Bank. The Depositor cardities that the information provided to the Bank is the source of the person of the person of the person of source authority is received by the Bank. The Depositor cardities that the information provided to the Bank of the Depositor according to the Depositor acc

PRINTED HAME	TAXPAYER ID 6	TITLE	DATE	SIGNATURE
BLAIR W MCNEA	1329	Manager	706/13	
KELLY R CLAUSON	7417	Manager	\$124/3.	Sign not proset on file
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## CHASE O







BHISHESS ADDRESS S57 MCCASIN BLVD STE 208 LOUISVILLE, CO 63027-2952 United States/US Territories

ACCOUNT TITLE ("DEPOSITOR") BRAND FORCE LLC

ACCOUNT TYPE TAXPAYER ID NUMBER

FORM OF BUSINESS ISSUED BY Chase Total Business Checking 27-1858244 09/26/2013 Limited Liability Company - Manager Managed (LLC) JPMorgan Chase Bank, N.A. (501) The HB - 144814

DUSTIN W LOVELL (303) 474-3298

PREMARY ID TYPE Website Documentation	PRIMARY ID NUMBER 2010/1043806	ESUER CO .	· ISSUANCE DATE 01/21/2010	EXPIRATION DATE
SECONDARY ID TYPE None	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
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BLAIR W MCNEA	-1329	Manager	0[7]0	
KELLY R CLAUSON	1417	Manager	0/18/13	1CE
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		M1207-01-CS 10617 (03/13)		



26Oct16-1007 26-Oct-16

CHASE O	
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ACCOUNT TITLE ("DEPOSITOR")
BRAND FORCE LLC

ACCOUNT NUMBER 27-1858244
ACCOUNT TYPE Chase Business Classic

BUSINESS ADDRESS 357 MCCASLIN BLVD STE 200

LOUISVILLE, CO 80027-2932

**DATE OPENED 02/10/2010** 

(2710/2010
New Account
Limited Listility Company
JPMorgan Chase Bank, N.A. (501)
Gunberrell
JOHN D AINSWORTH

PRIMARY IDENTIFICATION State Certification of Business SIGNER/S) TO BE ADDED LATER

ISSUER CO SOS 20101043608

ESSUANCE EXPIDATE 01/21/2010

02/10/2010

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If the UTS has notified the Depositor that it is explain to beckup withholding due to underreporting interest or dividends on its tox return, comes not literal 2 shows.

The Depositor is a foreign entity, and therefore the penalties of purjouy certification on this form do not apply, in addition, the Depositor best period to breign states to the Back by completing the appropriate Form W-B. The internet Rovenne Service does not receive your consent to any provision of this document other than the certifications required to evold backup withholding.

AR W MCNEA	1328	Manager Managed	<u> </u>		
ELLY R CLAUSON	7417	SIGNER	2/10/10	de	· · · · · · · · · · · · · · · · · · ·
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BANK W.

26Oct16-1013 26-Oct-16

# CHASE O Business Signature Card







ACCOUNT TITLE ("DEPOSITOR")
SNOW SALE LLC

ACCOUNT NUMBER TAXPAYERID MAMBER

AYERED NUMBER 27-1858344 ACCOUNT TYPE Chase Business Classic

DATE OPENED 02/10/2010

FORM OF BUSINESS

New Account Limited Liability Company JPMorgan Chase Bank, N.A. (501) Gusbarrell

JOHN D AINSWORTH 303-245-6523

02/10/2010

BUSINESS ADDRESS 4845 PEARL EAST CIR STE 101 BOULDER, CO 80301-6113

PRIMARY IDENTIFICATION BIGNER(8) TO BE ADDED LATER ID MUNCHER

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EXP DATE 01/21/2010

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the internet Prevence Service does not require your consent to any provintion of this document other time the certifications req The Province Service does not require your consent to any provintion of this document other time the certifications req BLAIR W MCNEA BRIAN J LINT SIGNER









ACCOUNT NUMBER: #68697471
TAXPAYERID NUMBER 501-88-1329
ACCOUNT TYPE Chase Business Select Checking

BUSNESS ADDRESS 1166 E WARNER RD STE 101 GILBERT, AZ BS296-3065 United States/US Territorics

FORM OF BUSINESS
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1SSVED BY
1PMorgan Chase Bank, N.A. (601)
Gunbarell
DUSTIN W LOVELL
303] 245-7034
65/01/2012

PRIMARY IDENTIFICATION Confidentian of Busine SIGNER(S) TO BE ADDED LATER

L17491858

ISSUER ISSUANCE
AZ CORP COMMISSION 03/27/2012

ISSUANCE EXP DATE

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#### CHASE O







ACCOUNT TITLE ("DEPOSITOR") SOLID ICE LLC

ACCOUNT MUMBER 7471
TAXPAYERID MUMBER 501-88-1329

ACCOUNT TYPE Chase BusinessSelect Checking

DAYE OPENED 05/01/2012

BURINERS ADDRESS 1186 E WARNER RD STE 101 GILBERT, AZ 85298-3065 United States/US Territories

FORM OF BUSINESS Limited Liability Company (SSUED BY JPMorgan Chase Bank, N.A. (501) Gunbarrell DUSTIN W LOVELL

PRIMARY IDENTIFICATION Certification of Business

19SLEER AZ CORP COMMISSION

ISSUANCE IOP DATE

(303) 245-7034 05/10/2012

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TO SEE ADMICED LATTER
AGRICHAL EXPLANT LAW TO SEE ADMICED LATTER
TO SEE

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CHRISTINA L GOULD	9469	Manager Managed	5/10/12	Christa J. Starte		
BLAIR W MCNEA	329	Signer	5/0/12			
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			-			



## CHASE O

ACCORN TITLE ("DEPOSITOR")
DESERT GECKO LLC







ACCOUNT NUMBER
TAMPAYERID NUMBER
ACCOUNT TYPE
Chase BusinessSelect Chacking

DATE OPENED 05/07/2012

FORM OF BUSINESS Limited Liability Company ISSUED BY JPMorgan Chase Benk, N.A. (501) Gunbarrell DUSTIN W LOVELL

PRIMARY IDENTIFICATION Certification of Business

BUSINESS ADDRESS 1 E WASHINGTON ST STE 600 PHOENIX, AZ 65004-2558 United States (US Territories

ID NAMBER L17491825

188UER ISSUANCE AZ CORP COMJUSSION 03/27/2012

ISSUANCE EXP DATE

(303) 245-7034 05/08/2012

SIGNER(S) TO BE ADDED LATER ACKNOWLEDGEBENT — By signing this Signature Card, the Depositor applies to open a deposit account at "Pillogue. Clause Bank, N.A. (the Bank). The Depositor represents not security and in terms to proceed the contract of the person of the pe

SCOURTA and office agreements and service forms for account methylas and other insecury accounts review a registration, and service to account methylas and control forms for account methylas of perjory that (1) the Depositor's Tampyor's friendlindow Humber shows to consect, and (2) the Depositor is not support to backup withholding, or (c) the Depositor than not issue notified by the internal Reviews Service (RS) that it is subject to backup withholding, and result of follows to report all internal confidences, or (c) the University of the Control of the

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The Department a foreign entity, and therefore the per

LAIR W NONEA		1329	Manager Managed	48/2	
INGE RUNT		-5521	Menager Managed	48/12	angie Rlint
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26Oct16-1068 26-Oct-16

CHASE O







ACCOUNT TITLE ("DEPOSITOR")
FERST CLASS WHITENING, LLC

SCOTTSDALE, AZ 85258-2132

BUSINESS ADDRESS 7702 É DOUBLETREE RANCH RO STE 300

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED

**PORM OF BUSINESS** ISSUED BY 04/30/2013 Limited Liability Company - Manager Managed (LLD) JPMorgan Chase Bank, N.A. (501)

The HIII - 144614

DUSTIN W LOVELL

(303) 474-3296

80-0835626

PREMARY ID TYPE Website Documentation	PRIMARY ID MUMBER L-1774607-4	issuer Az	ISSUANCE DATE 07/11/2012	EXPIRATION DATE
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE

ACKNOWLEDGEMENT - By eigning this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the 'Bank'). The Depositor represents and warrants that (i) the signature of presents are present and present and the present of the

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BLAIR MCNEA	1329	Monager	4/30/13	1.0
WALTER M LONG JR	-3467	Signer	4/20/13	ATTACK OF THE PROPERTY OF THE
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		M1207-01-CS 19817 (03/18)		

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ACCOUNT TITLE ("DEPOSITOR") SANDSTONE BEACH LLC

Business Signature Card ACCOUNT NUMBER ACCOUNT TYPE
TAXPAYER ID NUMBER

DATE OPENED FORM OF BUSINESS ISSUED BY 45-5359919 Limited Liability Company - Manager Managed (LLC) JPMorgan Chase Bank, N.A. (601)

EUSINESS ADDRES	œ.			issued i	BY JP Morgan Chase Bank, N.A.:	(601)
3420 E SHEA BL					Tho Hill - 144814	7
PHOENIX, AZ 850						
United States/US	Yemboies				DOSTEN ALTONETT	
					(303) 474-3296	
					10/07/2013	
PRIMARY ID TYPE	PRIMARY ID NURSE	R ISSUER	952	SIANCE DATE	EXPIRATION DATE	
Website Documentation	L17491847	AZ AZ	***	23/2012		
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SECONDARY ID TYPE	SECONDARY ID NII	Kiber (SSLIER	88	SUANCE DATE	EXPERATION DATE	
None .						
SIGNER(S) TO BE ADDED	LATER				<u> </u>	
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or other poplicable account &	creement, which include a	provisions that apply to this :	seposit account, and other ag	reements and carrios forms	for account emplysis and other treasury	management services If
applicable, and agree to be b	ound by the terms and con	distans contained therein as a	mended from time to time,			
			TIFLE	date /	SIGNATURE	
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BLAIR W MCNEA		1329	Manager	1017115 C		
DEPART VI SIGNAL		1020	(122.30)	<u> </u>		
RYAN MCWILLIAMS						<del></del>
KTPS GIGHTLE PERS		0426	Monager	10/-1/2	97	
		9828	Menager	10/7/13	Y	
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M1207-01-CS 10617 (09/19)



26Oct16-1071 26-Oct-16

CHASE O







ACCOUNT TITLE ("DEPOSITOR") SANDSTONE BEACH LLC

BUSINESS ADDRESS 3420 E SHEA BLVD STE 200

PHOENIX, AZ 85028-3348

SIGNERISI TO BE ADDED LATER

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER

DATE OPENED FORM OF BUSINESS ISSUED BY

Chase Busin 45-5359910 08/21/2013 Limited Liubliny Company - Manager Managed (LLC) JPMorgen Chase Bank, N.A. (501)

The Hill - 144614 DUSTIN W LOVELL (303) 474-3296 08/21/2013

PRIMARY ID TYPE Website Documentation	PRIMARY ID NUMBER L17491847	ISSUER AZ	ESSUANCE DATE 03/23/2012	EXPIRATION DATE
SECONDARY ID TYPE None	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE

ACKNOWLEDGEMENT - By algring this Signature Cerd, the Depositor applies to spon a deposit account at JPMangan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that §) the signatures appearing below are genuine or facularitie signatures of the personnel of th

PRINTED HAME	TAXPAYER EU #	TITLE	DATE	SIGNATURE
RYAN MCWILLIAMS	9528	Manager	08/21/2013	Refer to the Add Partner/Menter/Minneger Not Present form
BLAIR W MCNEA	1328	Managur	8/51/13	
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		M1207-01-CS 10817 (03/13	<u> </u>	







# CHASE O

### ADD PARTNER/MEMBER/MANAGER **NOT PRESENT FORM**

(A Chase banker must complete all fields on this form)

Name of "Organization	n <u>i 544</u>	usto	<u>me Bea</u>	oh, LLC				
State of Organization: Arizona								
D PARTNER D M	EMBER	NANA	GER			SIG	NER: DLY	es 🗆 No
Name (First) Ru	en		(Niddle Ini	/VIAI	millia	ms	Ţ	ar 10 No. (SSN or 171N) 45-6259919
Percentage of Ownership:	Date	Birth (mm/c	179	Country of (	Mizenship:	KSA		
Residential Street Address	313	Disc	clane					
City Platter	ille	8	State/Province		Count	ry (if noi US	A)	SSD28
Is the Partner/Member/Ma	nager a curre	nt (active or	reserve) or for	mer member of the Un	ited States N	Allitary?	☐ Yes	X) No
Home Phone #	Cell Phone	#	Work Phone i	8 Ext.	Fax#		Internationa	Phone #
Primary ID Type:	rse	Colo	redo	ID Number (if south		3/24		bliblit
Secondary ID Type:		Issuer:		10 Number (if any):	528	Issuance	Date (if any):	Expiration Date (if any):
Email Address:								

The individual signing this Form certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company or partnership, duly organized under the laws of the state of organization listed above;
- the individual signing this Form is a member (if managed by its members) ("Members") or manager (if managed by managers) ("Managers") or General Pertner ("Partner") of the Organization; and the Organization has authorized all actions and agreements described in this Form in accordance with all requirements of law and of
- Organization's organizational documents and bytaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

By completing and signing this Form, any partner, member or manager acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
  Sign all agreements or other documents relating to any depository accounts or other business of the organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated cleaninghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization
Each person authorized as a signer on the account(s) at account opening ("Authorized Person") may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, while transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and reconstruction and the Authorized Person without furthing those of to school to the Authorized Person. regardless of to whom such instruments are payable or endersed, including those payable to or endorsed to the Authorized Person.

Signature of Partner/Morabor/Manager. Signature and identification verified by: Banker Name: Banker Signature:

Standard ID:

Bank Copy

M1211-01 (04/13)

JPMorgan Chase Bank, N.A. Member FDIC



CHASE O Business Signature Card ACCOUNT TITLE ("DEPOSITOR") SANDSTONE BEACHLLC	
EXISTMEAS ADDRESS 3420 E SHEA BLVD STE 200 PHOENEX, AZ 85028-3348 United States/US Territorios	





ACCOUNT NUMBER 45-5359919

ACCOUNT TYPE Chase BusinessSaled Checking

DATE OF ENED 06/07/2012

FORM OF BUSINESS Limited Liability Company
ISSUED BY JPMorgam Chase Bank, N.A. (501)
Gunbarrell
JON G CARUSO
AMCE EXP DATE 0303 /245-4518
06/07/2012

ID NUMBER 117491847

ISSUANCE EXPIDATE 03/27/2012

SIGHER(S) TO BE ADDED LATER ACKNOTH ENGEMENT — By signing this Signature Card, the Depositor applies to open or deposit account at a PHrogen Chann Bank, The Depositor represents and women's that (i) the signatures appearing below are genuine or faculties signatures of the presence) authorized to be assessed because as of (i) all necessory actions or faculties, whose presences, how been able to authorize the cented person(s) to to act. The Bank is estimated in region or the authority of the mount of persons, but similar the presence of the presence of the similar to the person of the similar to the similar to the person of the individual to the bank it is to be that of its is accessed, and otherwise the Bank is the deposit or and the individual (s) lated debox. The Depositor advantatops receipt of the Bank's Account Relate and Regulations or other applications account superconduct within inclose all provisions to all applicable as count is applicable, and to be bound by the bank's a because it applicable, and to be bound by the bank's all other and countries applicable as one to be bound by the barries all others as advantable to in the to final.

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The Depositor has basings entity, and therefore the presides of projucy cardification on this form do not apply, (a addition; the Depositor has cardified its foreign statics to the Brank by completing the appropriate Form VAB.

BLAIR W MCNEA	1229	Signer	97/12
RYAN MOVELLIAMS	9528	Manager Managed	17/12
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ACCOUNT TITLE ("DEPOSITION") SIGNNYIC LLC			ACCOUNT NUMBER	2800
			TAXPAYERID NUMBER ACCOUNT TYPE	80-0904453
			DATE OF ENER	
BUSINESS ADDRESS 7702 E DOUBLETREE HANCH RD STE 900			PORM OF BUSINESS	
SCOTTSDALE, AZ 85253-2132			(8:81)ED 81	/ JPMorgan Classe Bank, N.A. (601) Spottodele Main - 53 JOE 8 RODRIGUEZ
PRIMARY IDENTIFICATION	D NUMBER	188LIER	ISSUANCE INF NATE	(480) 970-709/ 07/30/2012
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BLAIR W MICNEA	1329	Signer		118-0
MR WALTER M LONG JR	3467	Digner	7-31-12	HILL WAY.
		<u> </u>		

CHASE © Business Signature Card ACCOUNT TITLE ("DEPOSITOR")				
OOING WHAT'S POSSIBLE LLC			ACCOUNT NUMBER TAXPAYERID HUMBER ACCOUNT TYPE	R 45-2697608 E Chase BusinessSelect Checking
BUSINESS ADDRESS 701 N GREEN VALLEY PRYFY STE 200			DATE OPERIES FORM OF BUSINESS ISSUED BY	New Account  Limited Lishtity Company
HENDERSON, NV 89074-8178				GAIL G BROWN
PRIMARY IDENTIFICATION	ED HEIMBER	<b>ISSUER</b>	ISSUANCE EXP DATE	702-880-1410 08/24/2011
State Certification of Business	e03811 <b>720</b> 116	NV SOS	07/06/2011	00/242311
SIGNER(S) TO BE ADDED LATER				
or (positivite adjunctures of the personals) authoritied in regard personals) until written resourcion of much au regards on the Depositor and the individual(a) fetted	in tennend husiness and (1) all accessory action or churity is received by the Bank. The Depositor carti I below. The Depositor enhaceledges seculp) of the	formalitics, where necessary, be fee that the information provided Bank's Account Floies and Reg	e parity of a structure of activity day used of a fire Bank is to the parity of the second of the second of the structure of a structure of the second of th	with and warrants that (i) the eliquitures expressing below was persolve presential) to see act. The Bank is establed to any on the authority of the overledge and electronisms to Grant, all its dissertion, to obtain credit realment, which brokates and provisions that apply to this deposit from controlled from less a terrelated from lines in the line.
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If the IRS has notified the Depoulor that it is subject.  The Depositor is a loveign only, and therefore	ct to bactoup withholding due to underreporting inte- ting pengliles of perjoy certification on this form do	est or dicidends on its law return, noi sophy, its addition, the Depu	, tross ant lieur 2 above. Lior han cottlind its lendign status to th	to Blank by completing the sepropriate Form W-8.
The Internal Revenue Service does not require :	rear concent to any provision of this document TAXPAYERID II	other than the conflications p	quivad to avaid backup withholding.	Семения
TAREED DOBLE	1027	Manager Managed	8-24-11 E	Yares Deti
BLAIR W MCNEA	-1928	Owner	<u> 8/24/11 x</u>	

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CHASE 🗘	
<b>Business Signature Card</b>	
ACCOUNT TITLE ("DEPOSITOR") DOING WHAT'S POSSIBLE LLC	





ACCOUNT NUMBER 45-2897508
ACCOUNT TYPE Chase Business Select High Yield Sevings

BUSINESS ADDRESS 701 N GREEN VALLEY PRWY STE 200

**DATE OPERED 68/24/2011** 

Now Account
Now Account
FORM OF BUSINESS
Limited Liability Company
ISSUED BY
Scharts Physios North
GAIL G BROWN

HENDERSON, NV 89074-6178

PREMARY EXENTERICATION State Certification of Business

ID MINISTER e03811720118 **ISSUER** 

ISSUANCE EXPIDATE

702-880-1410 08/24/2011

SIGHER(S) TO BE ADDED LATER NECONSTRUCT OF A SECURITY OF A SECURITY CONTROL OF A SECURITY CONT

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26Oct16-1117 26-Oct-16

CHASE O  Business Signature Card	
ACCOUNT TITLE ("DEPOSITOR") HOW AND WHY LLC	



DATE OPENED 05/23/2011



ACCOUNT HUMBER 27-5254040

ACCOUNT TYPE Chase BusinessSelect Checking

RUSINEBS ADDRESS 2650 W HORIZON REDGE PRWY STE 200

HENDERSON, NV 89052-4396 PRIMARY IDENTIFICATION State Certification of Business

ID MINIBER E01050220115 ISSUER

ISSUANCE EXP DATE

02/24/2011

New Account
FORM OF BUSINESS Limited Limitity Company
ISSUED BY
JPMorgan Chase Benk, N.A. (703)
Schera Paulion North
GAIL G BROWN

702-880-1410 05/23/2011

SIGNER(A) TO BE ADDED LATER ACCISIONIE EDECRETAT — It spinigly this Signature Card, the Depositor applies to open a deposit account of Philospan Chess Bank, N.A. (the Bank). The Depositor expressers and wateracts that (i) the signatures approacing before are granted or fractations signatures of the personalply activations to the season to account a proper of the personalply activated to tensor to tensor activate of the personalply activated to tensor to tensor activate of the personalply activated to the personal personal to the personal to the personal to the personal to the tensor activate of the personal to the descript of the personal to the tensor activate of the personal to the perso

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MARKA SANTIAGO	1017	Manager Managed	5/25/1/ W	7 July	
BLAIR W MCNEA	1329	Signer	5/2/11 C		
				<u> </u>	
	***************************************				
		W-1110			<del></del>



CHASE O Business Signature Card ACCOUNT TIME ("DEPOSITOR")			ACCOUNT NUMBER	
WAVE ROCK LLC			TAXPAYERID HEMBEI ACCOUNT TYPI	R 30-0720692
BUSINESS ADDRESS 7702 E OOURLETREE RANCH RO STE 300			DATE OPENIES FORM OF BUSINESS	New Account
			(35UED ET	
SCOTTSDALE, AZ 65258-2132			PSHANCE EXPLATE	DUSTIN W LOVELL 303-245-7034
PRIMARY IDENTIFICATION	ID NUMBER	#SSUER		03/14/2012
State Certification of Business	NV20111774035	sec of State NV	12/16/2011	
SIGNER(S) TO BE ADDED LATER				
or facsinite signatures of the person(s) authorized to trans- cassed accounts) until potters payabation of such authority is	ed business and (ii) all necessary action on a recolved by the Bank. The Depusitor ca The Depositor administrators recold at B	or formalities, where necessary, has (Sies that the information provided on Bonk's Associal Releasend Resou	e been biken to authorize the cassed to the Bank is true to the best of its to islices or other soplicable account ag	ende and warrants that, (I) the bignatures appearing below ever genution personn(s) to the CL. The Bark is cutfilled for ely on the exthusity of the makings and suffortures the Carel, at its discretion, in obtain predifferement, which tottodors at provisions that apply to this deposal force confeiend energies as experisions from the Sines,
CERTIFICATION—The undersigned certifies under per the Depositor is except from becaup withholding, or it or (c) the BIB has softled the Depositor that I2 is no for	of the flamoutheries and bear untilled i	es the Informal Resumes Reculcs (	REI that it is exbiact to beckus wif	n Dopositor is not subject to backup will sholding because: [a] sholding as a usual of failure to report all informat or dividends, in the Foton W-0 instructions).
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CHASE O Business Signature Card ACCOUNT TITLE (DEPOSITOR) UNIVERSITY & FOLSOM LLC			ACCOUNT NUMBER TANPAYEND NUMBER ACCOUNT TYPE ACCOUNT TYPE DATE OPENED 04/17/2008
BUSINESS ADDRESS 8800 MOUNT PYRAMID CT STE 400			New Account  FORM OF BUSINESS Limited Liebility Company  835460 BY JPWorgan Chase Bank, N.A. (501)  Cambarrell
ENGLEWOOD, CO 80112			JOSHUA A CUMRINE
PRIMARY IDENTIFICATION State Confidention of Susiness SIGNERISE TO BE ADDED LAYER	ID NUMBER 20081124397	tSSHER CO Sec of State	SSUANCE EXP DATE 303-245-6523 03/04/2008 03/04/2008 04/17/2008
or familiae signatures of the person(s) authoritied to he executed person(s) until written revocation of such authori- reports on the Depinstor and the Indeclusif(s) Bread belo- account, and other agreements and service terms for an	mant business and (s) all recessivy action y is received by the Binck. The Depositor o w. The Depositor acknowledges receipt of count analysis and other treasury manage	n or formatiles, where necessary have certime that the jeformation provided is the Sank's Account Rules and Regul mest services if applicable, and agree	PLA. (Into Barelly, The Depositor represents and warrants that (i) the eleptaters appearing below an epinamo we high relater to conductive the surrend person(e) to not A.T the Barile feet littled to sery to mis supplied to to the Baril is tree to the best of its Incombridge and easterdrass the Baril, at an effection, to obtain cryst higher over other applicable accorded appresent, which includes all provisions that apply to this deposit as to be bound by the corres and conditions correlated threats as amended from this to brine.
or (c) the IRS has notified the Depositor that it is no.	bager subject to backup withholding, a	nd (3) the Depositor is a U.S. perso	
Tim informal Revenue Service does not require your		•	
The internal formace Service thee and regular your	consect to say provision of this document of the say of	ent other than the certifications req	quired to evold backup withholding.
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The internal Personne Service does not require your	consent to any provision of this discussion (ALC) (FRED)	wit other than the certifications req	4-17-68
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The internal Personne Service does not require your	consent to any provision of this discussion (ALC) (FRED)	wit other than the certifications req	4-17-68

AMME OF BUSINESS UNIVERSITY & FOLSOM LLC  SUSINESS ADDRESS 8600 MOUNT PYRAMID CT STE 400, ENGLEWOOD, CO 80112  SPANCH NAME AND NO GUNBARRELL - 50  SPANCH NAME AND NO GUNBARRELL - 50  PREPARED BY NAME JOHN D ANSWORTH  OAT 05/20/2003  PREPARED BY NAME JOHN D ANSWORTH  OAT 05/20/2003  MANAGER MALCORE CO1-9052  PREPARED BY NAME JOHN D ANSWORTH  OAT 05/20/2003  MANAGER MALOOK STEP to Add MANAGER MANAGED  MANAGER MAN	BUSINESS ACCOUNT ADD SIG	WEDG EADM			Ch	IASE 🔾
SUSINESS ADDRESS 8800 MOUNT PYRAMID CT STE 400, ENGLEWOOD, CO 80112  RRANCH MAME AND NO GUNEARRELL - 50  BANK NO 501  BRANCH PHONE NO (303) 245-6523  PREPARED BY NAME JOHN D AINSWORTH  DATE 05/20/2009  Press odd the kilomote glower to the accounts lated before judges on record do not desirely 1786  MANAGEM MONE JR  MR WALTER M LONG JR  MANAGEM MANAGED  DATE 05/20/2009  Rame of the Signer to Add  Title  Signature  S158  S158  S158  S168  S172  Presen add the kilomote glower to the accounts lated below judges authorized algues on secord to not descript)  Title  Signature  S168  Signature  Discount Numbers  Signature  Date  Lidentification  Discount Numbers  Discount Reminders  S172  Presen add the Kilomote glower to the accounts lated below judger authorized algues on secord to not descript)  Title  Signature  Discount Reminders  Signature  Date  Expiration Date  Recount Numbers  Date  CERTHICATION  Discount Reminders  Discount Remind		MERO POREM				WAYAKIN II
BUSINESS ADDRESS 8800 MOUNT PYRAMID CT STE 400, ENGLEWOOD, CO 80112  RRANCH NAME AND NO GUNBARRELL - 50  BANK NO 501  BRANCH PHONE NO (303) 245-5523  NTEROFFICE MAILCODE CO1-9052  PREPARED BY NAME JOHN D ARNSWORTH  Date US/20/2009  PResponsed the following signer to the economic listed below pulser authorized signers on record (or got desingle)  MR WALTER M LONG JR  MANAGER MANAGED  MR WALTER M LONG JR  MR WALTER						
RANCH NAME AND NO GUNBARRELL - 50 BANK NO 501 BRANCH PHONE NO (303) 245-5523  REANCH NAME AND NO GUNBARRELL - 50 BANK NO 501 BRANCH PHONE NO (303) 245-5523  VERCOFFICE MAILCODE CO1-9052 PREPARED BY NAME JOHN D AIRSWORTH DATE OS/20/2009  PRespon and the literature of the accounts listed below pulser authorized aligners on record do got deepley  MANAGER MANAGED  MR WALTER M LONG JR  MR WALTER M LONG JR  MANAGER MANAGED  MR WALTER M LONG JR  MANAGER MANAGED  MR WALTER M LONG JR  MR WALTER M LONG JR  MANAGER MANAGED  MR WALTER M LONG JR  MR WALTER M LONG JR  MANAGER MANAGED  MR WALTER M LONG JR  MR WALTER M LONG JR  MANAGER MANAGED  MR WALTER M LONG JR  MR WALTER M LONG JR  MANAGER MANAGED  MR WALTER M LONG JR  MR WAL						
USINESS ADDRESS 9800 MOUNT PYRAMID CT STE 400, ENGLEWOOD, CO 80112  RANCH NAME AND NO GUNBARRELL - 50  BANK NO 501  BRANCH PHONE NO (303) 245-5523  TERROFFICE MAILCODE CO1-9052  PREPARED BY NAME JOHN D AINSWORTH  DATE 05/20/2009  Prepared of the following signer to the accounts lated below judger authorized digener on record drynd denges)  Title  MANAGER MANAGED  Title  NAME TO 00 00000000000000000000000000000000	AME OF BUSINESS UNIVERSIT	Y & FULSOM LLC			TAXPAYER ID NO	28-234943R
PREPARED BY NAME ON DECIDENCE CO1-5052 PREPARED BY NAME JOHN D AINSWORTH DATE 05/20/2009  TERROFFICE MAIL CODE CO1-5052 PREPARED BY NAME JOHN D AINSWORTH DATE 05/20/2009  Terroffice the Biggrer to Add The Biggrer to B	USINESS ADDRESS 9800 MOUN	IT PYRAMID CT STE 40	0. ENGLEWOOD, CO 80112			23-20-70-700
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2) Signor Contact Card  Account Nambers  3158  3				lesuer	Essuance Date	Expiration Date
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Name of the Signor to Add  Title  Signature  Date  Description Date  Account Numbers  Expiration Date  Expiration Date  Account Numbers  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  Expiration Date  For Sole Proprietors of the Business reporting against underly to content of the Business reporting against underly to account or University Accounts of the Business reporting against underly to account or University Accounts on University Accounts	Account Numbers					
Account Numbers  EXTIFICATION  EXPERIENCE Number   Institute   Ins	lease add the following signer to the accounts	s ligited ballow (either authorized sign	tern on record do not change)			<del></del>
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260ct16-1144 26-Oct-16

CHASE 0







ACCOUNT TITLE ("DEPOSITOR")
TREMXT LLC

BUSINESS ADDRESS 7261 W LAKE MEAD BLVD STE 300

LAS VEGAS, NV 89128-8380

**Business Signature Card** 

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED FORM OF BUSINESS ISSUED BY

80-0861696 11/28/2012 Limited Liability Company (LLC) JPMorgan Chase Bank, N.A. (703.) Sahara PayBion North - 740949

GAIL G BROWN (702) 860-1410 11/28/2012

PRIMARY ID TYPE Website Documentation SECONDARY ID TYPE

PROMARY (D NUMBER E05434720128 RECONDARY ID NUMBER NY

10/18/2012 ISSUANCE DATE

EXPIRATION DATE 10/31/2013 **EXPIRATION DATE** 

SIGNER(S) TO BE ADDED LATER

ACKNOWLEDGEMENT - By signing this Signature Cord, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Benk"). The Depositor represents and warrants that (i) the signatures appearing below are gestime or facetime signatures of the privately actions appearing below are gestime or facetime signatures of the privately actions are more presently actions for the same terms of the privately actions are facetimely actions are presently actions and such authority is received by the Bank's termited to reply on the submitty of the named personal, and within the same function of such authority is received by the Bank's termited and the information to the same presently action and such authority is received by the Bank's to Bank's the Bank's Deposit Account Agree or other upplicable account agreement, which include all provisions that apply to the deposit account, and other agreements and service terms for account analysis and other treasury menagement service applicable, and agree to be bound by the terms and conditions contained therein as exceeded front time to time.

TAXPAYER ID # BLAIR W MCNEA WALTER MILONG JR

M1207-01 (11/12)

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BUSINESS ADDRESS 6260 LOOKOUT RD

BOULDER, CO 80301-3685







ACCOUNT TITLE ("DEPOSITOR")
REVGLARD LLC

ACCOUNT NUMBER

TAXPAYERID NUMBER 27-0292175
ACCOUNT TYPE Chase Business Classic

DATE OPENED 05/05/2010

FORM OF BUSINESS Limited Liability Company
ISSUED BY JPMorgan Chase Bank, N.A. (501) Gunbarrell

JOSEPH HOVERSTOCK 303-245-6518

ISSUER ISSUANCE PRIMARYIDENTIFICATION O NUMBER

SIGNER(S) TO BE ADDED LATER

COLORADO SOS

EXP DATE 02/17/2010

05/05/2010

ACHIGNAL DESEMBATY — By signify; this Signature Cond, the Depositor applies to open a deposit account of JPHongan Chans Blank, N.A. (8to Blank). The Depositor approaches and warrants that (6) the signatures applies to open a deposit account of JPHongan Chans Blank, N.A. (8to Blank). The Depositor approaches and warrants that (6) the signatures of presently a substanced to be assumed a business and (1) all necessary action or susmalizous, where processary, have been allowed to be more about the presently to the action of the action of the presently in the action of the action of the presently in the action of the presently in the action of the action of

CERTIFICATION — The traderelipsed certifies trader peculies of perjury that (r) the Depositor's Tempoper identification Rumber above in correct, and (r) the Depositor in not embject to became within the Depositor in the Deposit

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CHASE © Business Signature Card				
AT SKOUTUS SERVING			ACCOUNT NUMBER TAXPAYERID NUMBER ACCOUNT TYPE	
BUSINESS ADDRESS 1810 E SAHARA AVE STE 100			DATE OPENED FORM OF BUSINESS	New Account Limited Liability Company
LAB VEGAS, NY 89104-3738			tssued by	JPMorgan Chase Bank, N.A. (703) Sahara Pavilion North GAEL G BROWN
PRIMARY IDENTIFICATION Size Certification of Euclideas	ID NUMBER E01045920112	RESULER NV SOS	USSUANCE EXP DATE 02/24/2011	702-880-1419 05/23/2011
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BUR WALTER III LONG Jr	3487	SIGNER	2/25/11	MILAND

Rep (195)



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ACCOUNT TITLE ("DEPOSITOR")
20MINUTEEYELFY LLC





ACCOUNT NUMBER

TAXPAYERID HUMBER 27-5222508
ACCOUNT TYPE Chase Business Select Checking

BUSINESS ADDRESS 7251 W LAKE NEAD BLVD STE 300

DATE OPENED 05/23/2011

LAS VEGAS, NV 69128-6380

FORM OF BUSINESS

FORM OF BUSINESS

ISSUED BY

SSAIRM Pavilion North

GAIL G RRCWN

MCE

EXP DATE

05/23/2011

PRIMARY IDENTIFICATION State Certification of Business

02/24/2011

SHONER(S) TO BE ADDED LATER Emily Springmann

ERTIFICATION—The undersigned easilies under peoplies of perjuty that (f) the Depositor's Temperations (c) the little accessed from backup withhelding, or (c) the Depositor has not been rediffied by the featured R (c) the little accessed and people of the little accessed to the comperation to backup withhelding, and (2) the Deposit

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ME OF BUSINESS 20MINUTEE	YELIFT LLC				
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TEROFFICE MAILCODE NV1-301	<del></del>	NAME GAIL G BROWN		D/	ATE: 06/09/2011
iame of the Signer to Add AR WALTER M LONG JR	rested portua fostigi, econostaci ethicia	THE SIGNER	HALL Signate	ure	Date
iondification ) Diver's License ) Malor Creek Card		10 Number 1047 2000000000000689	lesuer CO Fonder	100 per	Expiration Date 69/29/2013 69/29/2018
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EXTIFICATION a undersigned benchy serious that the person	no erangia besimelma en bebbs (a)	the soccord(s) Terlicated above have been edder	dia readminer alia semidana ar alia	er documents of the Business rega	erding signing accinently for bu
ounts. The undersigned further certifies that for u Corporation or Unincorporated sociation or Organization:	r thase cuided as antherized signers. For Sole Proprietouship	The Dames, Siles and Eighthures are correct.	ratio or Limited Liability Company:	For Government Entity:	
notsy	Dete Overes/Sole Proteletor	Date Partnership	A DUNNER	Certifylog Cificial	Date
		191	0-14-11	JPMongras Chesse Bank, F	IA. Monster FDIC

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ACCOUNT TITLE ("DEPOSITOR")

**ELATION LLC** 

BOULDER, CO 80301-4230

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID MUMBER DATE OPENED FORM OF BUSINESS

Chara Total Busin 45-2749927

BUSINESS ADDRESS 4743 KINCROSS CT

Limited Limitaly Company - Manager Managed (LLC) JPMorgan Chase Bank, N.A. ( 501 ) The Hill - 144814 DUSTEN W LOVELL

(303) 474-3296 09/26/2013 **EXPIRATION DATE** 

PRIMARY ID TYPE PRIMARY ID MANUBER BSUER ISSUANCE DATE Wehsile Dooumentation 2011-000503178 06/20/2011 SECONDARY ID TYPE SECONDARY ID NUMBER ISSUER **ISSUANCE DATE** EXPERATION DATE None

SIGNER(B) TO BE ADDED LATER ACKNOWLEDGEMENT - By eigning this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chane Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or feerings signatures of the personnels) authorized to transact business and (ii) at necessary actions or feerabline, where necessary, have been below to exchange the remaind personnels to see at the Bank is enabled to the yet on the earlier personnel und wintern revocable; is received by the Bank; to enable of the that is definitely at the arternal presented and wintern revocable; is received by the Bank; to enable of the that is definitely and the second product of the transient of the transient of the second product of the transient of the transient of the second product of the second pr

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BLAIR W MICHEA	1329	Manager	7/26/18_	
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CHASE O Business Signature Card Account Time ("DEPOSITOR") TIMARASTELLO			ecco	LINY MIMBER	1030
Impelvial C FFO			TAXPAYE		45-5143178
				AYE OPENED	
GUSINESS ADDRESS 7782 E DOUBLETREE RANCH RO STE 30	0		_	of Business	Now Account Limited Liability Company (LLC)
SCOTTSDALE, AZ 66256-2132				(SENED GA	JPMorgan Chase Bank, N.A. (801) Sociedalo Main -63
	- ID NUMBER	BSIER	(SSEZANCE	ENP DAYE	JOE 8 RODRIGUEZ (480) 970-7097
PRIMARY IDENTIFICATION	L17320083	AZ	91/17/2012	WALL SINIE	07/30/2012
Website Ducumentation	L17-320083	PK.	VII 1112012		
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#### CHASE O







ACCOUNT TITLE ("DEPOSITOR")
DOING WHAT'S POSSIBLE LLC

Business Signature Card

ACCOUNT NUMBER
ACCOUNT TYPE
TAXPAYER ID NUMBER
DATE OPENED
FORM OF BUSINESS
ISSUED BY

haze
Chare BusinessSelect Checking
45-2697606
05/21/2013
Linited Liebility Company - Manager Managed (LLC)
JPMorgan Chase Bunk, N.A. (501)
The IRB - 1446614

DUSTIN W LOVELL (303) 474-3298

BUSINESS ADDRESS 701 N GREEN VALLEY PKWY STE 200 HENDERSON, NV 89074-8178

PRIMARY ID TYPE PRIMARY ID NUMBER ISSUER ISSUENCE DATE EXPIRATION DATE
Website Documentation E0381172011-0 NY 07/06/2011 07/31/2014

BECONDARY ID TYPE SECONDARY ID NUMBER ISSUER ISSUENCE DATE EXPIRATION DATE
None

SIGNERISI TO BE ADDED LATER

ACCHOM/LEGGREENTY - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (f) the algorithms appearing below are genuine or facability signatures of the person(s) authorized to interest business and (i) all necessary actions or farmatiles, where necessary, have been intent to sufficient in the person of the p

PHINTED NAME	TAXPAYER ID #	TITLE	DATE /	SKONATURE
BLAIR W MICHEA	1820	Meneger	8/24/LS	
TAREE O DOSIE	1077	Manager	DB121/2013	Refer to the Add PertmentMember/Memager Not Present form
<del></del>		M1207-01-C810017/00#	<b></b>	



26Oct16-1101 26-Oct-16

## CHASE O

### ADD PARTNER/MEMBER/MANAGER NOT PRESENT FORM

(A Chase banker must complete all fields on this form)

Name of "Organization State of Organization	Nevada_		ible, LLC			
O PARTNER O M	EMBER D. MANA	GER			SIGNER: A Yes	□ No
Name (First) Tax	-ee	(Middle Initial)	Dobi	C		ONO. (SSN OF ITIN)
Percentage of Ownership:	Date of Birth (mm/	1985	Country of C	itizenship:	USA	
Residential Street Address						
CHY Lafavette		State/Province 0		Count	ry (If not USA)	SDD26
is the Partner/Member/Max	nager a current (active o	reserva) or former n	nember of the Un	iled States M	liitary? 🔲 Yes	No No
Home Phone #	Cell Phone #	Work Phone #	Ext.	Fax#	International Ph	ione #
Primary ID Type:  Or IVLYS LICEN	se lesuer	rado		89	issuance Date (if any):	Expiration Date (if any):
Secondary ID Type:	Issuer:	_	umber (ff. am)	077	lasuance Date (if any):	Expiration Date (if any):
Email Address:						

The individual algning this Form certifies to JPMorgan Chase Bank, N.A. (the 'Bank') as follows:

- the Organization is a limited liability company or partnership, cluly organized under the laws of the state of organization listed above; the individual signing this Form is a member (if managed by its members) ("Members") or manager (if managed by managers) ("Managers") or General Partner ("Partner") of the Organization; and
- the Organization has authorized all actions and agreements described in this Form in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

- By completing and signing this Form, any partner, member or manager acting alone, may:

  Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
  - Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
  - Sign all agreements or other documents relating to any depository accounts or other business of the organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and Withdrawal Authorization

Each person authorized as a signer on the account(s) at account opening ("Authorized Person") may deposit or withdraw the Organization's funds.

Each Authorized Person may sign any and all ohecks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, and other transactions. if doing so causes or increases an overgrant. Each reliabilities provided the control of the con regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person

Signature of Pertner/Member/Manager;

Date Signed:

Signature and identification verified by

Banker Name:

Standard ID:

**Bank Copy** 

M1211-01 (04/13)

Banker Signature:

JPMorgan Chase Benk, N.A. Member FDIC



26Oct16-1101 26-Oct-16

CHASE •







ACCOUNT TITLE ("DEPOSITOR")
DOING WHAT'S POSSIBLE LLC

BUSINESS ADDRESS 701 N GREEN VALLEY PKWY STE 200 HENDERSON, NV 89074-6178 United Sietes/US Terdináes

ACCOUNT NUMBER
ACCOUNT TYPE
TAXPAYER ID NUMBER
DATE OPENED

FORM OF BUSINESS ISSUED BY Chase BusinessSelect Checking 45-2697508

08/21/2013 Limited Liability Company - Manager Managed (LLC)

JPMorgan Chase Bank, N.A. (501) The Hill - 144814

DUSTIN W LOVELL

(303) 474-3298

				10/07/	2013
PROMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DA	TE EXPRATIO	N DAYE
Website Documentation	E0381172011-6	NV ·	07/08/2011	07/31/2014	
					<del></del>
SECONDARY ID TYPE	SECONDARY ID NUMBER	issuer	ISSUANCE DA	TE EXPIRATIO	N DATE
None					
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SIGNER(S) TO BE ADDED L	ATER				
signatures appearing below as named person(s) to so set. The to the Bank is true to the best of or other applicable account ap	o gendre or faceimile eignatures of t Basic is entitled to rely on the enthor of its lonersheign and authorizes the 8	itse person(s) authorized to tran ity of the rumed person(s) until v lank, at its discretion, to obtain o strat apply to this deposit accor	seel business and (ii) all nece witten revocation of such suth redit reports on the Depositor rit, and other agreements an	esary notions or formalities, who writy is received by the Bank, The r. The Depositor admowledges m	positor represents and warrants that (i) the re-necessary, have been laten to eathering the Depositor conflicts that the information provided occipt of the Bank's Deposit Account Agreement relia and other translationment services if
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		<del>-</del>	100	m / 3013	SIGNATURE
PRINTED I		AYER ID # 1929 Manager	100	7/2013	SIGNATURE
BLAIR W MICNEA		1829 Manager	10/	7/30/3 ~	SIGNATURE
		<del>-</del>	10/	7/2013 - A	SIGNATURE STATE OF THE STATE OF
BLAIR W MICNEA		1829 Manager	10/	7/2013 - Paul	SIGNATURE
BLAIR W MICNEA		1829 Manager	10/	7/a0/3 -	BOMATURE
BLAIR W MICNEA		1829 Manager	10/	7/2013 <u>-</u>	SOMATORE
BLAIR W MICNEA		1829 Manager	10/	7/2013 <u></u>	SIGNATURE
BLAIR W MICNEA		1829 Manager	10/	7/2013 - 1/13 Par	SCHATURE
BLAIR W MICNEA		1829 Manager	10/	7/2013	ESCHATURE
BLAIR W MICNEA		1829 Manager	10/	7/2013 <u></u>	SIGNATURE
BLAIR W MICNEA		1829 Manager	10/	7/2013 <u></u>	SIGNATURE STATE OF THE STATE OF
BLAIR W MICNEA		1829 Manager	10/	7/2013 <u>2</u>	SIGNATURE

M1207-01-C5 10617 (03/13)



26-Oct-16

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CHASE O  ACCOUNT TITLE ("DEPOSITE BOALDER CREEK INTER	OR?	Busine	ss Signa	TAXPAYE	NT MUMBER COUNT TYPE R ID MUMBER ATE OPENED OF BUSINESS USSUED BY	9728 Chrese BushinesSeinet C. 25-1405218 DBM372013 B-Cerperellon Leslayelle King Scopers Leslayelle King Scopers (S03) 604-4347	, N.A. (501) 5-100	
BUSINESS ADDRESS						ns/13/2013		
						EXPIRATION DATE		
BOULDER, CO 80301-	3665			ISSUANCE DA	re			
		SSUER		11/12/2007		EXPERATION DATE		
	PRIMARY ID NUMBER	CO		188UANCE DA	até.	ERPOON		
		ISSUER						
Website Document	A PAY TO NICHEER	1000-					contracted waterstate that (i) the	76
SECONDARY ID TYPE	SECONDARI				ALA STAD	Bank'). The Depositor repre-	y, have been taken to according provid	ked
Noos			a account B	JPMorgan Chas	o Bank, N. C.	ciomanies, was Depositor	Pent's Deposit Account Agreem	oni S
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BLAIR W MCNEA		3457	Secretary					
WALTER M LONG JR								
								Board
			H1207-0	1-CS 10617 (03	1131			Scan)
		_	-					

Business Signature Card Account wile (1820)				
SLEASPLASHILC			ACCOUNT NUMBER TAXPAYERID NUMBER ACCOUNT TYPE	
BUSINESS ADDRESS 6280 LOCKOUT RD			Date opened Form of Business Issued By	12/17/2006 New Account Umited Liability Company JPMorgan Chase Bank, N A. (501)
BOLLDER, CO 80301-3685 PRIMARY IDENTIFICATION	ID NUMBER	IBSUER	ISSHANCE EXP DATE	Gunbarrell JOSEPH HOVERSTOCK   303-245-6518 12/17/2008
State Cerification of Business	20001651178	Colorado SOS	12/16/2008	12/1/12/06
SIGHER(S) TO BE ADDED LATER				
or facsimale expraisment of the person(s) authorized to trans parred person(s) until willow revocation of such authority reports on the Depositor and the measuralist) listed before personni, and other agreements and service terms for more	act business and (k) all neurisary action or is nouved by the Bank. The Depositor certi The Depositor actsondedges receipt of the and analysis and other treasury transporter	formaldes, where necessary to les that the attennation provide Bank's Account Poles and Pol a services If applicable, and ag	and been taken to pelborze list toored p d to the Bank is tipe to the less of its two publishes or other applicable account agre to to be bousd by the terms and cooking	
CENTIFICATION — The undersigned certifies under per the Depositor is exampt from backup wildhobling, or ( or (o) the IRS has notified the Depositor that it is so to	b) the Depositor has not been notified by	the Internal Flowersh Service	(IRIS) that it is oubject to backup with:	Pepositor in not subject to backup with helding because: (2) notifing as a result of failure to report all jahrust or dividends,
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The Internal Revenue Service does not require pour co				
NAME	TAXPAYERID#	AMTE	DATE	SIGNATURE (I'
USAN T LAURENT	1261	Manager Managed	12-17-08	
ELAIR W INCNEA	329	Matager Managed	12-17-08	
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				OEC OC.
				Dic 18 TOR
	<del></del>			Reg (IN)

USINESS ACCOUNT ADD SIGN	IERS FORM			CHADE (
			<u>-</u>	
ME OF BUSINESS SLIMSPLASI	111.0			. TAXPAYER ID NO 26-3880112
ISINESS ADDRESS 6260 LOOKO	OUT RD, BOULDER, CO 80301	-3685		
ANCH NAME AND NO GUNBAR	RELL - 50	BANK NO 501	BRAN	ICH PHONE NO (303) 245-6523
TEROFFICE MAILCODE CO1-905	2 PREPARED BY NAM	E JOHN D AINSWORTH		DATE <u>01/27/2009</u>
lease add the following signer to the accounts learne of the Segmer to Add &R WALTER M LONG JR		ood do not change) Title MANAGER MANAGED	A Hanature	Pate 121 Cvi
ontification		(I) Number		Issuance Date Expiration Date
) Disror's Licerces Nation Confet Cand		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CO Proster	09/28/2003 09/29/2013 09/01/2005 09/39/2008
ccount Numbers			1	
1539			<del> </del>	
eans add the following signer to the accounts arms of the Signer to Add	ested below (either authorized asymmet on Hou	ord do not change) Title	Signature	Date
lentification		ID Number	Institut	Issuance Data Explication Data
ccount Numbers			<u></u>	
lease and the following stoner to the accounts	before before forther and bearing of the same on one	and do and attention	<u> </u>	
ame of the Signer to Add	STING OFFICE (NO. 600-0) STING OFFI MED OFFI INC.	Title	Signature	Date
lentification		ID Number	lasuer	Issuence Date Expiration Date
scount Numbers				
			<u> </u>	
ERTIFICATION  6 undersigned benety costilion that the purso counts. The undersigned further costilion that	n(s) added as authorized signors on the ac	count(s) indicated above have been added in soc	endance with resolutions or other docum	outs of the Business requiring signing authority for bar
r a Corporation or Uniscorporated	For Soin Proprinterstop		Lingui Liability Company	For Government Entity
ssoialine or Organization		<u> </u>	1 bahr	
acretary	Dato OnwerSole Propredor	Dato PartperMentantal	1/2/1/0 Delta	Centifying Official Data
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		1 of 1		armagen unstablished, IVA Matther FO

26Oct16-1147 26-Oct-16

CHASE •







ACCOUNT TITLE ("DEPOSITOR")
IVORYPRO, ILC

LAS VEGAS, NV 89128-8351

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID HUMBER

DATE OPENED FORM OF BUSHIESS ISSUED BY

90-0860506 01/19/2013 Limited Liebility Company (LLG) JPMorgan Chase Bank, N.A (703)

Sahara Pavilion North - 740949 GAIL G BROWN (702) 880-1410 01/19/2013

PRIMARY ID TYPE Webste Documentation PRIMARY ID NUMBER F03202420122 SECONDARY ID NUMBER

ISSUANCE DATE 08/19/2012 ISSUANCE DATE EXPERATION DATE 08/30/2013 EXPIRATION DATE

SECONDARY ID TYPE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMargen Chasse Bank, N.A. (the "Bank"). The Depositor represents and vanuants that (i) the algorithms are positive prices are genuine or facestrate algorithms of the percental authorities to tensest business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize to member percentally but out the Bank is necessary, have been taken to authorize the member percental and within recolorized to such authority for monitorized by the faces. The Depositor certifies that the Informational to be Bank is the Information and to such authority for monitorized by the Bank. The Depositor certifies that the Informational to such a translation and the Bank is Deposit and Authorities that the Information are other applicable account agreement, which technical all provisions that apply to this deposit account, and other agreements and cervice terms for account analysis and other translation applicable, and agree to be bound by the forms and confident contained between account and other translations that apply to this deposit account, and other agreements and cervice terms for account analysis and other translation applicable.

PRINTED NAME	TAXPAYER ID #	YHLE	/DATE/	ENGLATURE
BLAIR W MONEA	-1329	Manager	1/23/13	
WALTER IN LONG JR	-9467	Signer	1-23-13	MILLIAN /
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M1207-01 (11/12)



CHASE O





ISSIJED BY



ACCOUNT TITLE ("DEPOSITOR")
IVORYPRO LLC

BUSINESS ADDRESS 7251 W LAKE MEAD BLVD LAB VEGAS, NV 89128-836 United States Territories

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER & NUMBER DATE OPENED FOREN OF BUSINESS

Chase BusinessSelect Checking 02/04/2013

Limited Liability Company (LLC) JPMorgan Chase Bank, NA (703) Sehera Pavillon North - 740949 GAEL G EROWN

(702) 880-1410

PRIMARY ID TYPE Website Documentation PRIMARY ID NUMBER E03292420122 SECONDARY ID NUMBER

NV ISSUER ISSUANCE DATE 06/19/2012 **ISSUANCE DAYE** 

EXPIRATION DATE 06/30/2013 EXPERATION DATE

SECONDARY ID TYPE

SIGNER(S) TO BE ADDED LATER .

ACKNOWLEDGEMENT - By algring this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genutine or fastinate signatures of the person(s) authorized to transact business and (ii) all necessary enforce or formalities, where recessary, have been taken to authorize the named person(s) to so act. The Brank is emitted to rely on the authorize the internation provide to the Bank in true to the best of the knowledge and authorizes the Bank, at its describen, to obtain credit reports on the Depositor retroveledges receipt of the Bent's Deposit Account Agreement or other applicables account agreement, which included all provisions that apply to list deposit account, and other agreements and service terms for account analysis and other transactory management eventures if

PRINTED WANE	TAXPAYER ID #	TITLE	DATE	SIENATURE
ELAIR W MICHEA	1329	Signer	2413	
WALTER M LONG JR	467	Signer	214113	The state of the s
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M1207-01 (11/12)



CHASE O Business Signature Card			
ACCOUNT TITLE ("DÉPOSITOR") BELLACLEAR LLC			ACCOUNT NUMBER 26-1406465 TAXPAYERID NUMBER 26-1406465 ACCOUNT TYPE Chase Business Classic
BUSINESS ADDRESS 6280 LOOKOUT RD UNIT D			DATE OPENED DA/17/2008 New Account FORM OF BUSINESS Lumited Linbility Company ISSUED BY JPMorgan Chase Bank, N.A. (501)
BOULDER, CO 80301-3665			Gundarrell JOSHUA A CUMRINE
PRIMARY IDENTIFICATION State Certification of Business	ED MUMBER 2007 1520032	ISSUER CO Sec of State	BSUANCE EXP DATE 303-245-8523 11/12/2007 11/12/2057 04/17/2008
or faculatile signatures of the person(s) authorized to trans- carried person(s) and written arrondom of such explosity; source on the Description and the impledutation below below.	set beginss and (ii) all nacessary scion or is neceived by the Bank. The Depositor cert. The Decesius actuomisdoos, receipt of the	rigmailties, when recessory bave b sigs that the information provided to the Bank's Account Roles and Receivalle	ince Bankl, The Depositor represents and vacrours that (i) the signatures deporating below on genulus makes to purforder the reseed personny) to see act. The Bank is envision to city on the surfacely of the Search is new local to city on the surfacely of the Search is true to the bank and administed the Bank, at the sections to obtain cradit or or other septicable account represents, which is taken all previous that seely or this ception.
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The Internal Revenue Service does not require your co			
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STEVEN'T VANDERBURG	5369	Menager Managed	4/17/00 5
O'CULT I VANDELIUSIUS			Malac
BLAIR W MCNEA	1328	Menager Managed	717/08
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			APR 18 2008

26Oct16-1171 26-Oct-16

ACCOUNT TITLE ("DEPOSITOR") WHITENING FAST LLC







ACCOUNT NUMBER
TAXPAYERD NUMBER
ACCOUNT TYPE
Chase BusinessSelect Checking

DATE OPENED 07/07/2011

FORM OF BUBINESS Limited Liability Company (SSUED BY JPMergen Chese Bank, N.A. (703) Sahara Pavillon North JULIO J JAUREGUR AURICE EXP DATE 07/07/2011

CARSON CITY, NV 89701-5268

BUSINESS ADDRESS 711 S CARSON ST

PRIMARY IDENTIFICATION State Cedification of Business BIGNER(B) TO BE ADDED LATER ISSUER NV SOS

ISSUANCE EXP DATE 05/20/2011

ACREMYNLEDGELEMIT—By signing this Gyprature Card, the Depoctor applies to open 6 depoid acrount at UPRagan Case Dank, N.A. (The Bank). The Depositor represents and warmats that (i) the significant or incrimine significant of incrimine significant of incrimine significant of incrimine significant of incrimine significant or incrimine significant of incrimine significant or incrimine significant

once Sondon does not remite your convent to any neovision of this document other than the conflications required to evoid pooling withholding.

BLAIR W MICHEA	1229	MANAGER	<u> 77111 - </u>		
MR WALTER M LONG J	3467	SIGNER	-glala	THERE.	
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CHASE	<b>E O</b>
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LAS VEGAS, NV 89128-8360

ACCOUNT TITLE ("DEPOSITOR")
YOUTHERX LLC







ACCOUNT NUMBER
TAMPAYERID NUMBER
ACCOUNT TYPE
Chase BusinessScied Checking

EUSINESS ADDRESS 7251 W LAKE MEAD BLVD STE 300

DATE OPENED 05/23/2011

LBJCS/ZUT)
New Account
Limited Liability Company
JPMorgan Chrase Bank, N.A. (703)
Sahara Pavilion North
GAIL G BROWN
702-880-1410

05/23/2011

EXP DATE PRIMARY IDENTIFICATION **1D NUMBER** E01049020118 NV SOS 02/24/2011

SIGNER(S) TO BE ADDED LATER RYAN LIC WILLIAMS

ACTIONUMA.EDIGENTENT — by signing this Signature Card, the Depositor applies to open a d or financials signatures of the parametry submissed to transact besiness and (i) all necessary assumed parametry similar written exceedance of such packatry to recorded by the Black, "The Depositor and the individuality) listed before. The Depositor actionals down open a deposit account or "Philosopen Chasso Bank, M.A. (the Banti). The Depositor expresents und waterints that (i) the highnature appearing below are personnecessary action or foundation, where necessary, have been taken to explore in the most personnyl) the one of . The Gank is extilled to kell point in the principal control of the beauty in the highnature appearing below are personneced by the beauty in the high point of the beauty in the high point of the beauty in the high beauty in the high point of the beauty in the high point and beauty in the high point of the beauty in the high point and beauty in the high point of the

BLAIR W MCNEA



26Oct16-1150 26-Oct-16

CHASE
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ACCOUNT TITLE ("DEPOSITOR") ROBLINNER LLC

BUSINESS ADDRESS 410 S RAMPART BLVD STE 310

LAS VEGAS, NV 89145-5726

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER

DATE OPENED FORM OF BUSINESS ISSUED BY

61-167/373 04/30/2013

Limited Liability Company - Manager Managed (LLC) JPMorgan Chase Bank, N.A. ( 501 ) The Hill - 144614

DUSTIN W LOVELL (303) 474-3298

				84/30/2013
PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Articles of Organization	E0093512012-0	State OF NEveda	02/17/2012	
SECONDARY ID TYPE	SECONDARY ID NUMBER	198UER	ISBUANCE DATE	EXPIRATION DATE
None				

SPRINGR(S) TO BE ADDED LATER

ACKNOWLEDGEMENT - By signing this Signature Cord, the Depositor applies to open a deposit account at J\*Morrjan Charse Bank, N.A. (the "Benk"). The Depositor represents and waterins but (i) the signatures oppositing below are genutine or Sectionial eigenfunces of the person(s) authorized to hansed business and (ii) all necessary actions or formatition, where necessary, have been to each or a subnortee at manufacture of the present of the production of the section of the Bank. The Depositor action of the Bank is entitled to be lay or the authorized the manufacture of the section of the Bank is an expensive or section of the Bank is the Section of the Section of the Bank is the Section of t

PRINTED NAME	TAXPAYER III #	TILE	1976 /.	SIGNATURE
BLAIR W MCNEA	1329	Manager	4/34/5	
JENNUFER JOHNSON	3911	Signer	430B	(05)
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		<del></del>	<del></del>	
		M1207-01-C6 10617 (09/15)		



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ACCOUNT TITLE ("DEPOSITOR")
WALNUT STREET MARKETING INC

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED FORM OF BUSINESS

ISSUED BY

7012 26-1405058 08/13/2013

9-Corporation JPMorgan Chase Bank, N.A. (501) Lefayette King Soopers - 100 JEFFREY J WILLIAMS (303) 604-4347

08/13/2013 ISSUER IBSUANCE DATE EXPIRATION DATE PRIMARY ID TYPE 20071520047 11/12/2007 Websip Documentation co **ESSUER IBSUANCE DATE EXPIRATION DATE** SECONDARY ID TYPE SECONDARY ID NUMBER

SIGNER(8) TO BE ADDED LATER

BUSINESS ADDRESS 13001 W 120TH AVE

BROOMFIELD, CO 80021

ACKNOWA ETGEMENT - By styring this Signature Card, the Depositor applies to open a deposit account at a Philorpan Clausa Berk, NA. (the "Bank"). The Depositor represents and warrants finel (i) the signatures appearing before are position or faceinitis depositors of the personal authorized to transact business and (ii) all necessary onlines or formatiles, where necessary, have been taken to authorize the carried personals to so not. The Bank is carried to the type of the sustence of personal personals in the surface of the Bank is the surface to the system the surface of the surface of

PRINTED RAME	TAXPAYER ID#	TIFLE	DATE	SIGNATURE
BLASR W MICNEA	1329	Secretary	81313	
WALTER M LONG JR	-3487	President	<u> 8/4/13</u>	WALTER TO
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			<del></del>	
	<del></del>			
	<u> </u>			
		M 1207-01-CS 10817 (03/1)	·	



CHASE O ACCOUNT TITLE ("DEPOSITOR")
MALBUT STREET MARKETING INC





ACCOUNT TYPE Chase Business Classic

TAXPAYERID NUMBER 26-1405058

DATE OFENED 11/27/2007 FURIN OF BUSINESS S-Corporation

ISSUED SY JPMorgan Class Bank, N.A. (501)
Gunbarrell
JAMES J UERMAN
303-245-6518
11/27/2007

BUSINESS ADDRESS 11001 W 120TH AVE BROOMFIELD CO 80021

State Certification of Business

ID NUMBER 20071520047

11/12/2007

SIGNERIES TO BE ADDED LATER ACKNOMEDICEMENT — By againing this Signature Card, the Depositor applies to open as deposit account as JPM organ Chase Blank, N.A. (this Blank). The Depositor represents and watersh that (i) the digitations applicating below any generates or focusing agreement, but the personal product of the personal part of the personal

If the HIS has notified the Depositor that it is arbiject to beckup withhalding due to underroporting interest or dividends on its los return, cross out jum 2 phove.

PRINTED NAME	TAXPAYERID#	TITLE	DATE	SIGNATURE
ISAN T LAURENT	4261	President	11-27-07	
ARIHE K BAESLER		Sighner	11-2707	THE KILL
AIR W MCNEA	1329	Signer	11-27-07 PESUE	
			H	1
10				

26Oct16-1028 26-Oct-16

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ACCOUNT TITLE ("DEPOSITOR")
WILD FARMS LLC

BUSINESS ADDRESS 2 W DRY CREEK CIR STE 100

UTTLETON, CO 80120-4479

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED

FORM OF BUSINESS ISSUED BY

Chese Busine 27-1858420 08/16/2013 Limited Liability Company - Manager Managed (LLC)

JPMorgan Chaso Bank, N.A. (501) The H21 - 144514

DUSTEN W LOVELL (303) 474-3296

PRIMARY ID TYPE Websile Documentation	PRIMARY ID HUMBER 2010/1043557	ISSUER CD	ISSUANCE DATE 01/21/2018	US/NEZETS EXPERATION DATE
SECONDARY ID TYPE None	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
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ACKNOWLEDCEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at J\*Morgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing takes are generally as places are generally as places are generally as places are generally as a possible or facinity and the possible of the places are generally as a possible or signatures of the possible or signatures or the possible or signatures or signatures or signatures or signatures or signatures or signature or signatures or signatures or signature or signatures or signature

BLAIR W MCNEA	PRIFTED HAME	TAXPAVER ID F	TITLE Manager	8/16/13 2	SIGNITURE
ERIC FRY		230	Manager	08/18/2013	Rater to like Add Pertpertiferational transper Not Present form
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26Oct16-1031 26-Oct-16

## CHASE O

CHASE O
Business Signature Card





ACCOUNT TITLE ("DEPOSITOR")
WILD FARMS LLC

TAXPAYERID NUMBER 27-1858429
ACCOUNT TYPE Chase Business Classic

DATE OPENED 02/10/2010

FORM OF BUSINESS Limited Liability Company
ISSUED BY JPMorgan Chase Bank, N.A. (501)
Gunbarrell

JOHN D AINSWORTH

303-245-6523

BUSINESS ADDRESS 2 W DRY CREEK CIR STE 100 LITTLETON, CO 80120-4479

PRIMARY IDENTIFICATION SIGNER(S) TO BE ADDED LATER ID NUMBER 20101043557 CO SOS

01/21/2010

82/10/2010

ACCOMPALEDICEMENT — By signing this digramater Card, the Depositor appairs to open a chapsal occurred in JPMorgan Charte Black, The Depositor represents and excerts that (f) the signatures appointing better are generic retaining signatures of the persential sufficient to include the persential sufficient to be included to the persential sufficient to include the persential supportance of the persential sufficient to include the persential support to the persential sufficient to include the persential support to the persent to the persen

CERTIFICATION — The analysisped coeffice works practice of pelony that (i) the Depositor's Tempere Herifficial reviews howeve in correct, and (i) the Deposite is not subject to bearing withholding, or (i) the Depositor has the Depositor is a sexually from backup withholding, or (ii) the Depositor has the subject to bearing withholding, or (ii) the Depositor has the subject to be the period of the Depositor has the subject to be depositor that it is not report all interest or the original pelonic form of the subject to the depositor that it is not report with the subject to be deposited for it is not been subject to the depositor that it is not report with the subject to be deposited for it is not been subject to the depositor that it is not report with the period of the period for its notation.

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BLAIR W MCNEA	1329	Manager Nanaged	2/10/10	
ERIC FRY	5236	SIGNER	2/16/10	W.E.



26Oct16-1034 26-Oct-16

CHASE O







ACCOUNT TITLE ("DEPOSITOR")
ABSOLUTELY WORKING LLC

BUBINESS ABDRESS 6269 LOOKOUT RD STE 100 BOULDER, CO 80301-3886 United States/US Territotes

**Business Signature Card** ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER

DATE OPENED FORM OF BUSINESS ESBUED BY

Chase Total Ba 27-5219317 09/25/2013 Limited Liability Company - Manager Managed (LLC)

JPMorgan Chase Book, N.A. ( 501 ) The Hill - 144514

DUSTEN W LOVELL (303) 474-3298

PRIMARY ID NUMBER PRIMARY ID TYPE IBSUANCE DATE EXPIRATION DATE Weltsite Documentation E0106832011-2 02/24/2011 02/28/2014 SECONDARY ID TYPE SECONDARY ID HUMBER **ESUER** ISSUANCE DATE EXPIRATION DATE

SIGNER(S) TO BE ADDED LATER \_

ACKNOWLEDGEMENT - By signing this Signisture Card, the Depositor applies to open a deposit account of JPMorpan Chase Benk, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signistures opposing below are general or dischartine of the person(s) authorized to transact break (ii) of tocosessy authors or formalities, where necessary, have been taken to authorize the named person(s) to one. It has bank is entitled to the yet or the authority of the named person(s) could work it is necessary by the Benk. The Depositor actions that the information provided to the Benk is to the best of the break-reposition of the Benk is the state of the property of the state of the provided personal personal personal personal account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other bearung management services if application, and agree to be beard by the terms and conditions contained therein as emented from these to be.

PRHITED NAME	YAMPAYER ID 8	TILE	TATE /	RIGHATURE
BLAIR W MCNEA	1329	Manager	9/26/13	<u> </u>
MEGAN P NOSEL	<b>3919</b>	Manager	9/20/13	signer not grown on File
		N 1 207 - 0.1 - C S 10817 83113		



26Oct16-1034 26-Oct-16

## CHASE O







ACCOUNT TITLE ("DEPOSITOR")
ABSOLUTELY WORKING LLC

ACCOUNT NUMBER ACCOUNT TYPE
TAXPAYER ID NUMBER DATE OPENED

FORM OF BUSINESS ISSUED BY Chase Yotal Business Checking 27-5219317

Limited Liability Company - Manager Managed (LLC) JPMorgan Chase Bank, K.A. (501)

The HII - 144614 DUSTIN W LOVELL

(303) 474-3296 10/07/2013

EUSINESS ADDRES 6260 LOCKOUT BOULDER, CO 8 United States AJS	RD STE 100 10301-3885		
PREJARY ID TYPE	PRIMARY ID MUMBER E0165832011-2	issuer NV	ISSUANCE DATE

EXPIRATION DATE 02/28/2014

SECONDARY ID RUMBER ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By wigning this Signature Card, the Depositor epplies to open a deposit account of JP-Morgan Chase Benik, N.A. (the "Benik"). The Depositor signatures appointing below are genuine or fascinitie signatures of the personne) authorized to transact business and (i) all necessary actions or formables, where here remored presure(s) are surell whiten revend of auth authority is received by the Bark. The Depositor removed person(s) are that whiten revend of auth authority is received by the Bark. The Depositor to the Bark is not best of its knowledge and submittee the Bark, at its discretion, to obtain crowll reports on the Depositor. The Depositor acts and account an applicable and agree to be bound by the terms for account analysis and applicable, and agree to be bound by the terms and conditions contained there has an entered from time to the

PRINTED NAME	TAXPAYER ID #	WILE	mitte (_	SIGNATURE
BLAIR W MCNEA	1329	Manager	10 17/15	
MEGAN P NOSEL	-6919	Menager	10/7/13	M Stand Mil
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Business Signature Card   Account TILE ("DEPOSITOR")				
ABSOLUTELY WORKING LLC			ACCOUNT HUMAN TAXPAYERID RUMAN ACCOUNT TY	PR 27-5219317
BUSINESS ADDRESS			DATE OPEN	New Account
1810 E BAHARA AVE STE 100 LAS VESAS, NV 89104-3735			FORM OF BUSINES (BRUED)	Sehara Pevilion North
• •				JULIO J JAUREGU) 702-289-0786
PRIMARY IDENTIFICATION	<b>ID NUMBER</b> Ed1658320112	issuer Ny sos	(89UANCE EXP DATE 02/24/2011	03/31/2011
State Centication of Business	EUTU\$8320112	NA 202	UZZ4IZU17	
SIGNER(S) TO BE ADDED LATER				
or facelative signatures of the person(s) explorized to named person(s) until written revocation of each auth	transact tuminess and (i) all necessary action or only is received by the Bank. The Depositor con store. The Depositor acknowledges moving of the	formalities, where necessary, has less that the information provided Dura's Account Rules and Rega	to been taken to authorize the mane in the Bankis true to the best of he fallower other applicable account a	sents and wereast that (i) the algorithms appearing below are genuine deprencyle) to an ext. The Bunk is ontitled to only on the authority of the contribution and authorizes the Dunk, with a discretism, to obtain event generated, which intoloses all produces that apply to this deposit fiftees contained benefit as amended from three to time.
CERTIFICATION - The undersigned cartifles savie	r peraities of perjury that (1) the Depositor's , or (b) the Depositor has not been as ified by	Texpayer identification Abusha I the internal Revenue Service (	rationes above in convert, and (2) t (RG) that R is exisject to backup w	he Depositor is not embject to buckup withholdlag because: (a) Richoldlag as a result of laitees to repost all informat or dividence,
If the IRS has notified the Depositor that a is autijust.  The Depositor is a tossign entity, and therefore the	o participations of out goldniche quicked of	and or dividends on its tax return,	mone out then 2 abouts.	
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26-Oct-16 26Oct16-1050

## CHASE O







ACCOUNT TITLE ("DEPOSITOR") ERASS TRIANGLE LLC

EURINESS ADDRESS 4600 E WASHINGTON ST STE 300

PHOENIX, AZ 85034-1908

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED

FORM OF BUSINESS

Chase Bush 45-5078536 08/18/2013 Limited Liability Company - Manager Manageri (LLC) JPMorgen Chase Benk, N.A. (501)

The Hit - 144614 DUSTIN W LOVELL (303) 474-3298

08/16/2013 PRIMARY ID TYPE PRIMARY ID NUMBER ISSUER ISSUANCE DATE EXPERATION DATE L-1749183-6 03/23/2012 SECONDARY ID NUMBER ISSUER ISSUANCE DATE EXPIRATION DATE SIGNER(S) TO BE ADDED LATER

ACKNOVILEDGEMENT - By eigning this Signature Card, the Depositor applies to open a deposit account at J\*Morgan Classe Bank, N.A. (the "Bank"). The Depositor represents and warrants that (f) the signatures appearing below are generally or classified signatures of the personnial uniform to antique the signatures of the personnial uniform to antique the signature of the personnial production of the signatures of the personnial uniform to antique the signature of t

PRINTED HAME	TAXPAYER ID#	TIFLE	DATE	SIGNATURE
BLAIR W MCNEA	1329	Manager	8/16/13	
MEGAN E GOODMAN-AFINDT	7852	Manager	68/16/2013	Refer to the Acid Pentner/Mentactificrouper Not Present form
		<del></del>		
		M4207.04.624007 10911		



26Oct16-1053 26-Oct-16

ACCIONT TITLE ("BEPOSITOR") BRASS TRIANGLE LLC

BUSINESS ADDRESS 4600 E WASHINGTON ST STE SUD PHOEBIDL AZ 85034-1908 Unflock States Aus Territories







TAXPAYERID NUMBER 45-5076536
ACCOUNT TYPE Chase BusinessSolect Checking

DATE OPENED 05/01/2012

FORM OF BUSINESS

18SUED BY

### Advance Chase Bunk, N.A. (501)

Gunbarrell

DUSTIN W LOVELL

PRIMARY IDENTIFICATION **Cartification of Business** 

ED NUMBER 1.17491836

HISUER HISUANCE
AZ CORP COMMISSION 03/27/2012

ESSUANCE EXP DATE

(303) 245-7934 95/01/2012

SIGNER(S) TO BE ADDED LATER ACKINCING. EXPERIENT — By signing it his Signature Card, the Depositor applica to open a deboet account of "Pikingan Chass Baket, N.A. (the Back). The Depositor represents and variants that (i) the elegations or task she injuringes of the promoting extensional in terms and undersonal pictors are planning or task she injuringes of the promoting extensional in terms and undersonal pictors of the control promoting in state and the interest promoting that is the back of the interest pictors are promoted to the state and the interest of the promoting of the same and conditions, and continues all promoting of the same and conditions, contained there is an anomal many in the same and other promotines of the promoting of the same and conditions, contained there is an anomal many and other transactions of the promotines and conditions, contained there is no same and conditions, contained there is no same and conditions, contained there is no same and conditions, contained the same and conditions of the same and conditio

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26-Oct-16 26Oct16-1053

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ACCOUNT TITLE ("DEPOSITOR") BRASS TRIANGLE LLC

BUSINESS ADDRESS
4600 E WASHINGTON ST STE 390
PHOENIX, AZ 85034-1908
United States/US Territories

ACCOUNT NUMBER
TAMPAYERID NUMBER
ACCOUNT TYPE
Chase BusinessSelect Checking

DATE OPENED 05/01/2012

FORM OF BUSINESS Limited Liebility Company BISUZED 61 Liebility Company LPMorgan Chase Bank, N.A. (601) General DUSTEN W LOVELL

PRIMARY IDENTIFICATION

IN MISHRER

ESSUER

ISSUANCE EXP DATE

(303) 245-7034 05/08/2012

Certification of Business SIGNER(S) TO BE ADDED LATER

PRINCEDCEMENT — They desired bits Signature Carel. The Depositor applies to opon a deposit account of JPHospen Close Bonk, N.A. (the Bank). The Depositor represents and semants that (i) the signatures appointing bullow any particular to the personnel of a substantive the extend personnel of a survey of the substantive the extended personnel of a survey of the substantive the extended personnel of the personnel of the personnel of the substantive the extended personnel of the substantive the extended personnel of the substantive three deposits of three deposits of

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The Interrupt Revenue Service does not require your consent to any provision of this document other from the conflictations required to apply before the provision of this document other from the conflictations required to apply the conflictations. BLAIR W MICNEA Signer Kanolnean Andt MEGAN E GOODMAN-ARNOT



26Oct16-1056 26-Oct-16

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ACCOUNT TITLE ("DEPOSITOR") BRIDGE FORD LLC

BUSINESS ADDRESS 871 CORONADO CENTER DR STE 200

HENDERSON, NV 89052-3977

SIGNER(S) TO BE ADDED LATER

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER

DATE OPENED PORM OF BUSINESS ISSUED BY Chase Bus 27-5221236 08/16/2013 Limited Liability Company - Manager Managed (LLC)

JPMorgan Chase Bank, N.A. (501) Tiss 140 - 144814

DUSTIN W LÓVELL

(303) 474-3296

PRIMARY ID TYPE 189UHER ISSUANCE DATE **EXPIRATION DATE** E0105012011-4 02/24/2011 02/28/2014 Website Documentation EXPIRATION DATE SECONDARY ID NUMBER ISSUER ISSUANCE DATE SECONDARY ID TYPE

ACRITIONIL EXCENSION - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the algorithms a special policy as a genutive or furnished to transact business and (ii) all accessary actions or formalities, where recessary, have been taken to activate reproduction of the Bank's in exidant to rely on the surface plant plant of previous and plant pl

PRINTED MAME	TAXPAYER ID S	TITLE	DATE	BIGHATURE
BLAIR W MCNEA	1329	Manager	8/16/13	
EMBLY R SPRINGMANN	5082	Manager	08/16/2013	Rafer to the Add Parmidstember/Manager Not Present form
			<del></del>	
		M1207-01-CS10617 (03113)		<del></del>



26-Oct-16 26Oct16-1056



## CHASE O

## ADD PARTNER/MEMBER/MANAGER **NOT PRESENT FORM**

(A Chase banker must complete all fields on this form)

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	of Organ													
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Perce	O SC D	vnership:	Da		483	Co	untry of C	itizenship:	ISA					
Resid	ential Street	l Address						·						
City	Long	mro	11t	•	CO			Count	ry (if not US	SA)		<	805	ode   Col
ls the	Partner/Me	mber/Mana	ger a curre	nt (active or	reserve) or for	mer member	of the Uni	ied States M	ilitary?	0	Yes	Þ	No	<del></del>
Home	Phone #	T	Cell Phone	#	Work Phone	# Ext.	•	Fax#		Interna	ilional Ph	one#		
Dvi	y D Type: Ven S	icen	De_		ado	ID Matmhear	D87	حا	lssuande 05	2/12	, "	Expirati	参	Ce[13]18
55	idajy ID Tyr	pe:		SSA		D Number	( ami)	<sub>0</sub> 082	Issuance	Date (il	епу):	Expiration	on Date	(if shy): T
Email	Address:	-												

The individual signing this Form certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company or partnership, duly organized under the laws of the state of organization listed above; the individual signing this Form is a member (if managed by its members) ("Members") or manager (if managed by managers) ("Managers") or General Partner ("Partner") of the Organization; and
- the Organization has authorized all actions and agreements described in this Form in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

By completing and signing this Form, any partner, member or manager acting alone, may:

Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and Withdrawal Authorization

Each person authorized as a signer on the account(s) at account opening ("Authorized Person") may deposit or withdraw the Organization's funds.

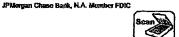
Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized by pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may entose for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept my instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized by any authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Signature of Partner/Member/Manager: Signature and identification verified by Banker Signature: Banker Name:

Bank Copy

Standard ID:

161211-01 (04/13)



26Oct16-1059 26-Oct-16

CHASE 🔾
<b>Business Signature Ca</b>
ACCOUNT TITLE ("DEPOSITOR")
BRIDGE FORD LLC



CHASE Q
Business Signature Card





TAXPAYERID NUMBER 27-5221236
ACCOUNT TYPE Chase BusinessSelect Checking

DATE OPENED 05/27/2011

FORM OF BUSINESS Limited Liability Company
ISSUED BY JPMorgan Chase Bank, N.A. (703)
Schara Provision North
GAIL G BR-COWN
AMCE EXP BATE 05/27/2011

BUSINESS ADDRESS 871 CORONADO CENTER DR STE 200

HENDERSON, NV 89052-3977

SIGNER(S) TO BE ADDED LATER

PRIMARY IDENTIFICATION State Certification of Femin

ID NUMBER E01050120114

ISSUANCE EXP DATE 02/24/2011

ACCOMMATERIESTIC — By signing this Eignature Coard, the Depositor stypics to open a deposit account-of JPMorpan Chazer Bank, N.A. (the Dank). The Depositor represents end watered: the I() the depositor are present to be received by the observed by the order of the present of

scools, and other agreements and service terms for advicent interlages are on only the recent meaning and accurate terms and consenter terms and consenter terms and service terms by a CERTIFICATION —The template place describes undergo describes the production of the control of the control

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26Oct16-1135 26-Oct-16

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ACCOUNT TITLE ("DEPOSITOR") BLUE ROCKET BRANDS LLC

6250 LOCKOUT ROAD

BOULDER, CO 80981

ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED FORM OF BUSINESS **ISSUED BY** 

Chase Total Business Checking

11/05/2013

Limited Dabiily Company - Manager Managed (LLC) JPMorgan Chase Bank, N.A. ( 801 )

Gunberrell - 50

LAURIE E MASON

(803) 245-6523

1 1/05/2013 PRIM ART IN TYPE ISSUANCE DATE EXPERATION DATE Wober 181 Documentation 20131348172 00 88/13/2013 RECO<sup>RDARY</sup> ID TYPE SECONDARY ID NUMBER **ISSUER** ISSUANCE DATE EXPERATION DATE

SKEN (FRS) TO BE ADDED LATER

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	PROTED NAME	TAXPAYER ID #	MILE	DATE	STORAGE
BLAIR W MCNE	<u> </u>	1329	Manager	11/5/13	
DANIELLE C FO	\$8	3082	Signer	115/13	100 Foss
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			<del></del>		
					<del></del>
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26Oct16-1095 26-Oct-16

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ACCOUNT TITLE ("DEPOSITOR")
MENT HOUSE LLC

BUSINESS ADDRESS 9233 PARK MEADOWS DR

LONE TREE, CO 80124

Business Signature Card ACCOUNT NUMBER

ACCOUNT TYPE
TAXPAYER ID NUMBER DATE OPENED FORM OF BUSINESS ISSUED BY

27-3358961

11/05/2013

Limited Liability Company - Manager Managed (LLC) JPMorgan Chase Sank, N.A. (591)

Gunberrell - 50

Laurie e Mason

PRIMERY ED TYPE	PRIMARY ID NUMBER 2019476442	issuer Co		ISSUANCE DATE	(303) 245-8523 11,052013 EXPIRATION DATE	
Webs Ib Documentation SECCNEARY ID TYPE	SECONDARY ID NUMBER	· psuer		ISSUANCE DATE	EXPIRATION DATE	
None						
SIGNER(S) TO BE ADDED L	elevine this Riseshna Ford the Nor	oslinr entities to oper	a denosit account et JF	Morgen Chase Bank, N.A. (#	e "Bank"). The Depositor represents a	nd warrants that (f) the
signs bres appearing below an name operator(s) to so set. The to the bank is true to the best or other applicable account as	re penuine or facsimile signatures of a Benk is enlitted to rely on the author of the knowledge and sutherizes the i	(the person(s) author rity of the named person Bank, at its discretion, in that apply to this de	ged to ingreed business on(s) until written revoca , to obtain credit reports ( posit account, and other	and (ii) all nacessary actions ion of auch authority is receive on the Depositor. The Deposit agreements and service term	or formalities, where necessary, have led by the Bank, The Repositor confides to acknowledges receipt of the Bank's is for account enables and other tree at	been laken to sufficize the that the information provided Deposit Account Agreement
Addresses and after a per se					سينيندر منسد :	>
PRINTED	NAME TAX	AYER ID #	TILE	DATE	SIGNATURE	
BLAIRW MCNEA		1329	Manager	_ 45/12		<del></del>
DANES IE CEDER		Lenzo	Signor	1115113	YUUOAU	/

BLAIRW MCNEA	1329	Manager	145/12	
DANIELLE C FOSS	8082	Signor	115/13	(JO 705)
		<del></del>		
		<del></del>		
		<del></del>		
		M 1207-01-C8 10617 (03/13		





# PX3 Agarwal Attachment B UMB Bank Records

BUSINESS RECORDS AFFIDAVIT
STATE OF misseur ) ) ss
COUNTY OF Jackson )
I, hen neth Emiler being a person of sound mind and body, state the following:
I am employed by Und front DA. and am a custodian of records for that organization. Attached hereto are 186 pages of records of und front NA.
I, Kenneth E miller, as custodian of records of umb Bank 11A, do hereby certify that the records referenced above and attached hereto were; (1) made at or near the time the events recorded therein; (2) by or from information transmitted by a person with knowledge of the matters recorded therein; (3) were kept in the course of the regularly conducted business activity of Land Bank DA; (4) it was the regular practice of the business activity to keep such records; and (5) the records attached are the originals or duplicates of the originals.
I do hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on this grd day of actober , 20/6.
Signature Legal Process spacialist  Title
Signature  Title  Menneth Emiller  Printed Name
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 3rd day of 2016
Notary Public  My Commission Expires:  Nona ORTIZ  Notary Public - Notary Seal  STATE OF MISSOURI  Platte County  My Commission Expires: May 15, 2017  Commission # 13487366

LUIS HTCO13 (R CHOS) ALL GAIRS						
Commercial Sign	etrus Cond		Ope	retora Name. Ma	rcus Meston	
			Bra	nuh Number: 26	•	
ija By opening of maintaining th	B UMB NA		4 3		IANKT	4-4
Deposit Accelunt Agreement set forth below in the payme below and an authorized office account the end shatten Address PARK WHITENING LL 7702 E DOUBLETREE ( SCOTTSDALE, ARIZON	ed of funds or the ban ser of Bank has approve es: .C RANCH RO STE 300	section of any other busined the Special Instructions	ess involving by algoring in 6  Google Solo  Linet  Volume  Volume  Volume	this account, unios no space provided.	Regular Chi Regular Chi Performance Delty breest Sersep Aco	natructions are ad acting
			- 1-	slany i Treat		20070
Check & NEW Address						
Address: Ho. 5 Street (V different from above)		· œ	<b>\$</b> 20			Telephone this (749) (94) 353-218-651
Account Opened by: A	mount of First Coposit	Date Operad	4	D. of Clarest No.	Chestyria	
Marcus Meston Leet Berding Harne of B	-\$160.00 #A	3/12/2014 Granch / Address	<del>-</del>	a	,	State .
Cornection:			•.	different Accounts in I	de Bert	
Other Current Banking Com	naccorn.		•	4	an therial	
Special Instructions: Goquin	o welling approval of autho	rized Seek Officer).		ligicático by Mánagem	et Consulties Man	ber
NAME OF AUTHORIZED	SIGNERS (TYPE OR P	RUNT) SIGNAT	URE	FAC	MILE T	TLE (IF ANY)
1) JEWHIFER A JOHNSON				· <u> </u>	ROHTUA [	ZED SIGNER
2) DANIELLE C FOSS		Ollis	255	i	AUTHOR	ZED SIGNER
I) DRUELLE GYGLE			<u> </u>			
3)	<del></del>				]	
9				[	]	
5)				·	]	
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			Castles 33	E of the USA PA	TRIOT Act. Th	la law mandate
3)	NOTICE: 0	ur bank compiles wit	) OEGIVAN AA		your account	
OFFICER'S CERTIFICATION	formation and forth on th	our bank complies with the contain information is Commercial Signature	and is true an	d cornet (2) each i	emon named ab	bewindflut as evo
OFFICER'S CERTIFICATE	formation set forth on th	is Commercial Signature (	and is true an	d correct, (2) each p	emon named ab	COLUMN CARACTER CO.
OFFICIER'S GERTIFICATE hereby certify that: (1) the br	formation set forth on th	is Commercial Signature (	Card is true an lignature Card leiker this Sig AUTHORIZ	d correct, (2) each j by virtue of resolu- nature Cord to the E ED SIGNER	emon named ab	412114
OFFICIER'S GERTIFICATION Thereby certify that: (1) the tri ligner is currently sufficient turnersly in effect governing is	formation set forth on the it to ect on bother of Do on Depositor; and (3) is a lighted	is Commercial Signature opositor as stated in this S m authorizad to sign and d	Card is true an Ignature Card leiker this Sig AUTHORIZ	d correct, (2) each p by virtue of reach nature Card to the E ED SIGNER De	erson named ab lions or other au lank on behalf of	HI2114
OFFICIER'S GERTIFICATE hereby certify that: (1) the br	formation set forth on the los act on bothell of Do no Depositor; and (3) I a long the long through a U.S. resulting a U.S. r	is Commercial Signature operator as stated in this Sim eathertzed to sign and out the number shown boke am exempt from backup terrast Revenue Services in the number and according to the state of the s	and is true an ignature Card is true and ignature Card indicate this Signature is my come with hotiling, o as in the instituction in the instituct	d correct, (2) sech ji by virtue of reach nature Card to the E ED SIGNER de ct Taupayer Identifi if am net subject it that I am ne longe as to Form W-8. C	cation Number () because of other ac- cation Number () because withher results withher results with the results with the cation of the cation	the Dispositor.    Country State   Country Sta

				010
LEAS II (7800) (18 05/7017)	ORGANIZATION RESOL Deposit Accounts and R	JITION AND AGREEMENT chated Services; Borrowing		
Name of Organization (the "Organization"), a LIM Tax ID Number of Organization	TED LIABILITY COMPANY (type	SPARK WHITTENING LLC of entity) organized under the laws of _A	RIZONA	(state)
The undersigned certifies to Ut	:	(the "Bank") as follows:		
2. Resolution and Agreems quantum was present and as Agreement was dily adors	icerciary or Assistant Socretary, or an offi- ial records of the shove Organization (the nt. At a meeting of the governing body of sting throughout, or pursuant to the unaning ted and approved and is currently in full fo	"Recordizeper"), I am authorized to profite Organization duly held on	rvide this do  //2 (6  Rollowing Re l or reseinde	ocument to the Bani date) and at which : esolution and
1. <u>Authorized Stapers</u> . Any NAME	Authorized Signer listed below is authori	ized to exercise the powers granted as indi  SPECIMEN SIGNATURE	cated.	POWERS CHANTED
	AUTHORIZED SIGNER	San	lac 1	AND/OR C)
nniper a Johnson Anielle C Poss	AUTHORIZED SIGNER	- Zour		A.B
<u> </u>				
As Opening and Maints Anthorized Signer on "Ascounts") as detern account agreement or Authorized Signer wit outlificate provided by sign and deliver any a re-title such Accounts for the payment of me of the person signing or counterconing the	Inling Deposit Accounts. As referenced a ye open and maintain with Bank one or me nined from time to time by that Anthorize d the documents referred to therein as "Su thin his power (or if to mame its given, the p y the Recordiceper to the Bank) acting alo pplication, signature eard, or other docum ; (2) sign or endorse for deposit or collect may, and the Bank is hereby authorized as or countersigning the same, and whether o same or to the individual credit of any offi	are checking, savings, and/or time deposity of Signer. The Accounts are governed by applemental Disclosures," as amended by person holding such title as specified from one, has the authority, on behalf of the Organ required by the Bank to open or maint on checks, drafts, acceptances, time deposit of the control of the control of the same are deposited to the indivision, employee or other Authorized Signization, employee or other Authorized Signization.	eccounts (e the terms of the Bank fro time to time parization as an any Acc sit receipts, th lices are dual credit a ; (3) issue as	collectively, the the Hank's deposit on lime to time. He is in an incumbency and in its name; to: ( count, and to close o and any other order paysable to the order of the person signing top payment orders.
As Opening and Mainta Authorized Signer on "Ascounts") is determined signer on Authorized Signer will certificate provided by sign and deliver any a re-title such Accounts for the payment of me of the person signing or countersigning the with respect to my the time that provide elect more debit eards for it made payable to the O of say particular person The Bank is hereby re- Organization's name, honer all such checks, affired, if saich facalm	Inling Deposit Assumits. As referenced a ty open and maintain with Bank case or me intend from time to time by that Assimptize of the documents referred to therein as "Su the file power (or if no name is given, the p y the Recordisceper to the Bank) acting alo polication, signature eard, or other document; (2) ago or enderse for deposit or collecting may, and the Bank is hereby authorized as or country signature that the same and whether to the country signature that the same and whether to the country signature that the same and whether to the country signature the same, and whether to the country signature the same, and whether to the same and the same and the same are the same and the same and the same are the	above, to open end maintain Deposit Acci-  re checking, savings, and/or time deposit  d Signer. The Accounts are governed by to  pplemental Disclosures," as amended by the serious holding such title as specified from   me, has the authority, on behalf of the Org-  ment required by the Bank to open or maintain checks, drufts, acceptances, time depo-  ad directed to bonor the same, whether and   met the same are deposited to the indivi-  tier, employee or other Authorized Signer   on; (4) obtain from the Bank such services  of information access to such Accounts; a   silers to or from Accounts that permit such   writing or stamping the name of the Organ   checks, drafts or other orders for the peyn   simile signature of say such Authorized Same   checks, drafts or other orders for the psyn-  simile signature of say such Authorized Same   insens duly certified to or filed with Bank   limens duly certified to or filed with Bank	accounts (e) the terms of the terms of the terms of the time to time thereon by an Author by an Author to the time to time time to time to time time time time time time time time	reflectively, the flank's deposit on lime to thre. But a in an incumbency and in its quare; term or the same and any other arter payable to the order of the person signing any payment orders awaitable from time in from Bank one or domentum of hem hout adding the nan any drawn in the the Bank is entitled a may have been ordered Signer.

🗗 <u>Print</u> 0070 Status: Active Viewed by: Kenneth E Miller on Wednesday, September 21, 2016 Account Number: above; (6) the purchase or sale of foreign currencies on behalf of the Organization; and (7) other Pressury Management, each or vault services as Bank may offer and such Authorized Signer may request from time to time. such periods of time, and apon such terms as such Authorized Signer may deem advisable; to execute on behalf of the Organization any guaranty of the obligations of other persons or criticis to the Banic, and to execute for and on behalf of the Organization notes, bonds, debentures, other evidences of indebtedness, iona agreements, line of credit agreements, authority to iona or similar agreements, or guaranties in such form as such Ambarized Signer may determine; and to piedge, hypothecate, mongage or otherwise in any manner whatsoever encumber or create a lieu upon my property of the Organization and to deliver such documents and property to the Bank, whether real or personal, tangible or intengible, including but not limited to shares of stock, bonds, debentures, notes, accounts receivable; or other property, upon such terms and conditions as the Authorized Signer(s) may deem advisable, to secure payment of sums of mon borrowed by the Organization from the Benk or to secure any such guaranty of the obligations of any third party executed on behalf of the Organization, and to amend or modify the same. Notwithstanding the foregoing, any one (1) of the Authorized Signers, setting alone, may (1) effectuate any borrowing pursuant to such note, loan agreement, line of credit agreement, authority to loan agreement, security agreement or any other document executed in accordance with the foregoing authorization; and (2) delegate to any other representative of the Organization the power to obtain advances on behalf of the Organization from time to time under any loan agreement, line of credit agreement, authority to loan or other agreement previously approved in accordance with the foregoing authorization, even if the person to whom such authority to obtain advances is delegated is not named in this Resolution and Agreement. 5. Changes to Authorized Signer(s). The Organization agrees that the Recordscoper signing this Resolution and Agreement, or any person designated in writing by the Recordscoper, is authorized to certify to the Bank the names and signatures of persons authorized to act on behalf designment in white of the foregoing Resolution and Agreement, and from time to line hereafter, as additions to or changes in the identity of said Authorized Signer(s) are inside, and such Reconditeper or designee shall immediately report, furnish and certify such changes to the Bank, and shall submit to Bank a new algorithm eard, incumbency certificate or other document reflecting such changes in order to make such changes. effective. Bank's Hight to Rely on This Resolution and Agreement. The undersigned Recordiceper certifies that the foregoing Resolution and Agreement is in conformity with the governing documents of the Organization, and that Bank is authorized to rely on and to continue to honor the instructions of may Authorized Signer(s) identified herein or as subsequently certified as set forth above until Bank is notified in writing by the Recordiceper or designor of the amendment or revocation of such authority and Bank has had a reasonable period of time to act thereon. The Organization agrees and acknowledges that arither the federal Electronic Fund Transfer Act (15 U.S.C. Section 1693 and following) nor Regulation E (12 C.F.R. Part 205) are applicable to any debit card or other access device lessed by Bank to Organization pursuant to this Resolution. The Organization hereby agrees to indemnify and hold the Bank harmless against any and all loss, cost, damage, or expenses suffered or incurred by Bank arising out of or in any way related to Bank's reliance in good faith on the terms of this Resolution and Agreement. Intumbency Certificate. The undersigned Recordicaper certifies that each person listed above as an Authorized Signer currently holds the
office indicated adjacent to his or her name, and that the specimen signature adjacent thereto is the valid signature of such individual. Guidelines for Completion of the following stemature box for Customers that are U.S. legal entitles:

- Consortion: The Recordineps signing below should be the component scoretary or assistant scoretary. The Additional Officer may be the Chalaperson, President, CEO, a Board member, the Treasurer or CFO. Partnershin, Limited Liability Partnershin, Limited Liability Company, or Sole Proprietor: All general partners, all members, or the sole proprietor must sign this form, unless Crystalization's governing decompose specify that a manager, managing general partner or other person may act. In any event, a second general partner or minutes must sign in the Additional Officer section. Sole proprietors or single manufer LLCs do not require a second signature. Community Entity: The Treatmer must sign in the Recordscaper section, swiers the Organization's charter specifies otherwise. The entity's Chairperson, Vice Chairperson, or Courses aunt sign in the Additional Officer section. SIGNATURE REQUIRED SIGNATURE REQUIRED ADDITIONAL COPICER ame (Type or print): Wave Rock LLC Wave Rock LLC. Name (Type or print) By: Honey Lake LLC, Manager of Wave Rock By: Honey Lake LLC, Manager of Wave Rock LĹC By: Anasazi Management Partners LLC, Manager By: Anasazi Management Pariners LLC, Manager of Honey Lake LLC of Honey Lake LLC By: Hinir W McNes, Manager of Anasazi By: Blair W McNea, Manager of Annazi general Paratas LLC Management Decthers LLC Signature: litte: Itle Manager Affix Seal, if required by Organization's governing documents. in witness whereof, the afterementioned Recordingper has subscribed his or er name and, if appropriate and required, applied the seal of the Organization to this Resolution and Agree

Organization to this Resolution and Agree

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The undersigned persons, being Members, General Partners, or other persons required under the governing documents of the foregoing Organization

to approve the foregoing Resolution and Agreement, hereby consent to the adoption thereof.

Deposit Accounts and Related Survivers Horrowing  Name of Organization  (the "Operation of A LIGHTED CARGLETY COMPANY Oper of entry) expensed under the leves of AMERICA (costs)  The undersigned credition to UMB 184.  (the "Benefit Survivers of Companization 1944-1956)  The undersigned credition to UMB 184.  (the "Benefit Survivers of Companization 1944-1956)  The undersigned credition to UMB 184.  (the "Benefit Survivers Survivers of the credit Survivers of the Organization of the Organization and Survivers of the Survivers of the Companization of the Organization of the Companization of the Companization of the Organization of AMERICA (Control text) and the Organization of the Organization of AMERICA (Control text) and the Companization of the Organization of AMERICA (Control text) and the Organization of Organization of AMERICA (Control text) and the Organization of Organization					a han 4-system
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Commercial Signature (	lani	Operator's Name: M	
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UMB_UM			BANK") is and agrees as follows: (1) this account
comments referred to therein as "Su Deposit Account Agreement and the S set forth below in the payment of funt	opplemental Disclosures," as revised by Supplemental Disclosures; (3) Bank is au	y Bank from time to time; (2) the otherized to honor the instructions tess involving this account, unless	nik's Deposit Account Agreement and the e Depositor has received a copy of the of eny one (1) of the suthorized signers a other Special instructions are set forth
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Special Instructions: (Requires written a  NAME OF AUTHORIZED SIGNERS  1) JENNIFER A JOHNSON	3 (TYPE OR PRINT) SIGNAT	Signature by Managar FLIRE FAC	nent Committee Member SIMILE TITLE (IF ANY)
Special Instructions: (Requires written a  NAME OF AUTHORIZED SIGNERS  1) JENNIFER A JOHNSON  2) DANIELLE C FOSS	· · · · · · · · · · · · · · · · · · ·	Signature by Manager	rent Committee Member  SIMILE TITLE (IF ANY)  AUTHORIZED SIGNER
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Special Instructions: (Requires written a  NAME OF AUTHORIZED SIGNERS  1) JENNIFER A JOHNSON  2) DANIELLE C FOSS  3)	S(TYPE OR PRINT) SIGNAT	Signature by Managor	SIMILE TITLE (IF ANY)  AUTHORIZED SIGNER  AUTHORIZED SIGNER
Special Instructions: (Requires written a  NAME OF AUTHORIZED SIGNERS  1) JENNIFER A JOHNSON  2) DANIELLE C FOSS  3)	NOTICE: Our bank complies with that we verify certain information	Signature by Manager  FAC  TURE: FAC  The Section 326 of the USA Parabout you while processi	SIMILE TITLE (IF ANY)  AUTHORIZED SIGNER  AUTHORIZED SIGNER  ATRIOT Act. This law mandates by your account application.
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Special Instructions: (Requires written a  NAME OF AUTHORIZED SIGNERS  1) JENNIFER A JOHNSON  2) DANIELLE C FOSS  3)  4)  OFFICER'S CERTIFICATION  hereby certify that (1) the information signer is currently authorized to act or currently in effect governing the Depos  Signed  W-9: Under penalties of perjury, will be reported under this number fallure to report all interest or divide (3) that I am a U.S. person (inclusion)	NOTICE: Our bank complies with that we verify certain information set forth on this Commercial Signature in behalf of Depositor as stried in this libro; and (3) I am suthorized to sign and it is a continued to the set forth on the commercial signature in behalf of Depositor as stried in this libro; and (3) I am suthorized to sign and it certify (1) that the number shown belong and (2) that I am exempt from backup leands, or the internal Revenue Service ding a U.S. resident silen) as defined in	TURE FAC  THE FAC  THE FAC  THE FAC  THE FAC  THE USA P.  In about you while processi Card is true and correct; 22 each Signature Card by virtue of reso deliver this Signature Card to the  AUTHORIZED SIGNER  Title  Title  Title  Title  The in withholding, or 1 am not subject has notified me that 1 am no long in the lest rections to Form W-9.  The counting interest or dividends on AUTHORIZE	AUTHORIZED SIGNER  AUTHORIZED SIGNER  AUTHORIZED SIGNER  AUTHORIZED SIGNER  ATRIOT Act. This law mandates no your secoum application. person named above as Authorized histors or other authority documents Bank on behalf of the Depositor.  ATRIOT Act. This law mandates no your secoum application. person named above as Authorized histors or other authority documents Bank on behalf of the Depositor.  ATRIOT Act. This law mandates no positions or other authority documents bank or steel and the propositor.  ATRIOT Act. This law mandates no positions are second at the position of the positions of the positions of the positions of the position of the positions of the position of the positions of the positions of the position of the positions of the pos

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Guidelines for Complete	on of the following signature box for Custome	err that are U.S. legal entitles; ny or asistan secretary. The Additional Officey may be the Chaliperson, President,	
CEO, a Board member	the Treasurer or CPO.		
		e <u>Prescrietor</u> . All general partners, all members, or the sole proprietor must sign this sogiog general partner or other person may see. In any event, a second general	
earmer, or retember man	a rion in the Additional Officer section. Sole proprietor	ns or striggle member LLCs do not exquire a second algoratore.  Solution the Organization's charter specifies otherwise. The entity's Chairperson, Vice	
Guycamagial Entity     Chairperson, or Counse	The Trentmer man sign in the Recording or rection, w I must sign in the Additional Officer section.	лікая (пр Огдійняння з сакічкі ярскінкі піначина. Тін сашту з члипричил, у ва	
ŞIÇN	ATURE REQUIRED RECORDIZERS	SIGNATURE REQUIRED ADDITIONAL OFFICER	
Name (Type or print)	Virve Reck LLC	Name (Type or print): Wave Rock LLC	
	By: Honey Lake LLC, Manager of Wave Rock	By: Honey Lake LLC, Manager of Wave Rock	
	LC By: Anasazi Management Partners LLC, Manager	LLC By: Anassei Management Partners LLC, Manager	
	Honey Lake LLC	of Honey Lake LLC	
	ly: Blair W. McNett, Manager of Anasazi Agongcinent Paraners B.C.	By: Blair W McNea, Manager of vonsazi Mgaagement Permers LLS	
Signaturė:		Signature	
Title: Manager Affin Sent if required by O	regardation's governing documents.	Title: Sale Member	
In witness whereof, the efer	rementioned Recordkeeper has subscribed his or	<u> </u>	
	c and required, applied the scal of the tion and Agreement as of this		
2 day of			
	Additional Signatures of Members, I	Partners or Other Renulred Persons	i.
		as required under the governing documents of the foregoing Organization	11.
		adoption thereof.	A IE

NES 21 510013 (Ř ONÚB) LL GARKS				
Commercial Signature Card		Operator's Name: Max	cus Moston	
		Branch Number: 283	•	
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y opening or maintaining this account with Bank, the a nd all the other deposit accounts maintained by the De ocuments referred to therein as "Supplemental Disck leposit Account Agreement and the Supplemental Disck et forth below in the payment of funds or the trainsact elow and an authorized officer of Bank has approved the	spositor with Bank are governes," as revised by Bi losures; (3) Bank is authorion of any other business	verned by the terms of the Bani ank from time to time; (2) the dized to honor the instructions of Involving this account, unless	ics Deposit Account Agreement and to Depositor has received a copy of to it any one (1) of the sufficient signs.	
·			Ten ,	7
Account Title and Mailing Address: DENTAL PRO AT HOME LLC.		Gorporation	Regular Checking	1
		Sole Proprietor  Partnership / Joint Venture	Carly investment	1
7702 E DOUBLETREE RANCH RD		☐ Limited Partnership	Basesp Account	
		Government / Public Funds	Garriage / Time	
SCOTTSDALE, ARIZONA 88268		Voluntary Unincorp. Assoc.	⊠oom zi	
		Limited Liability Company	Account thin bet	
<u></u>		Fiductary / Yound	0119	
Chieck if NEW Address		Other.	0119	
Address: No. & Street	City	Siete Zip	Telephone Number (Ivin)	7
(I district	•		(vit.) 303-218-6617	
Account Operand by: Amount of First Deposit	Date Opened	LD. or License No.	ChecSystems Code	
Last Banking Name of Bank	12/2014 Branch / Address	Ċis	State	1
Connection:				4
Other Current Banking Connections:		Affiliated Accounts in th	d frux	
Special Instructions: (Requires written approval of eathorites	d Sank Officer)	Signature by Managema		
NAME OF AUTHORIZED SIGNERS (TYPE OR PRIN	T) SIGNATUR	E FACS	IMILE TITLE (IF ANY)	
) JENNIFER A JOHNSON			AUTHORIZED SIGNER	
DANIELLE C FOSS	1) ale	foss c	AUTHORIZED SIGNER	_
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)	<u> </u>	·L	<u> </u>	-
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OFFICER'S CERTIFICATION NOTICE: Our	bank compiles with S	Section 326 of the USA PA	TRIOT Act. This law mandates your account application.	1
hereby certify that (1) the information set forth on this i ligner is currently authorized to act on behalf of Depos urrently in effect governing the Depositor, and (3) I am a	Commercial Signature Car	rd is true and correct; (2) each produce Card by vidue of resolu-	erson named above as Authorized	
		AUTHORIZED SIGNER	<u> </u>	_
Signer		Title	Date	_
W-9: Under penalties of pagury, I certily (1) that I will be reported under this number) and (2) that I at failure to report all interest or dividends, or the Interest (3) that I am a U.S. person (including a U.S. reside been notified that you are subject to backup withhold Taxpayer I.D. 45-5142921	n exempt from backup wil mai Revénue Service has ent alien) as defined in U	thholding, or I am not subject b I notified me that I am no longe he instructions to Form W-9. C	o backup withholding as a result of a or subject to backup withholding, and ineas out item (2) above If you have your tax return:	
TENNOVE [D. 90°0194341				
EXEMPT PAYEE	Signature of the Perso	T/th	· Date	

•			•
क्षक्रता २०००) कृष्य-भारति ।		DLUTION AND AGREEMENT Related Services; Borrowing	0119
		DENTAL PRO AT HOME LLC  or of entity) organized under the laws of ARIZONA	(state)
Tex ID Number of Organiza			
The undersigned certifies to		(the "Bank") as follows:	
Invited custody of the or 2. Resolution and Agree quorum was present an Agreement was duly ed	Michal records of the above Organization (blumgnt: At a meeting of the governing body all ossing throughout, or pursuant to the mass topied and approved and is currently in full	ffleer, partner, owner, principal, manager, member or to "Recordineper"). I am authorized to provide this of the Organization duly beld on	document to the Bank. (date) and at which a Resolution and
Nase	Trn.e ox Posimon	SPECIMEN SIGNATURE	POWERS GRANTED (A.B
INNIFER A JOHNSON ANTELLE C FOSS	AUTHORIZED SIGNER AUTHORIZED SIGNER	2 Port loss	AB
. Powers Granted. (Gra	int each Authorized Signer one or more of t	in following names in the case above 1	•
A. Opening and Mai Authorized Signer "Accounts") as det account agreement Authorized Signer certificate provided sign and deliver ac- re-title such Accoun- for the person significate of the person significate or countersigning it	may open and mainthin with Bank one or nermined from time to time by that Authoria and the decaments referred to therein as "s with this power (or if no name is given, the f by tha Recordiceper to the Bank) acting a sy application, signature eard, or other documents; (2) sign or endorse for deposit or collection, and the Bank is hereby authorized may or countrisigning the same, and whether he same or to the individual credit of any of	I shove, to open and staintain Deposit Accounts with nore checking, savings, unaffer time deposit accounts accounts accounts are governed by the terms implemental Disclosures," as amended by the Bank is person holding such title as specified from time to til lane, has the authority, on behalf of the Organization ment required by the Bank to open or minimin any A- tion checks, drafts, acceptances, time deposit reacipt and directed to honor the same, whether such thems at or tot the same are deposited to the individual credit licer, employee or other Authorized Signer; (3) issue	(collectively, the of the Bank's deposit from those to time: Each ince in an incumbency and in its same, to: (1) account, and to close or s, and any other order it of the person signing a stop payment orders
A. Opening and Mai Authorized Signer "Account egreement Authorized Signer certificate provided sign and deliver any re-title such Account for the payment of of the person significant countersigning it with respect to any time that provide el more dehit cards for made payable to the of any particular pe The Bank is hereby Organization's nam koner all such checi	may open and mainthin with Bank one or a termined from time to time by that Authoria and the domments referred to therein as "s with this power (or if no name is given, the if by the Recordsceper to the Bank) acting a y application, signature eard, or other docu- mis; (2) sign or endorse for deposit or collec- imosey, and the Bank is hereby authorized and or collec- imosey, and the Bank is hereby authorized and or collec- imosey, and the Bank is hereby authorized and or collec- imosey, and the Bank is hereby authorized and or collec- imosey, and the Bank is hereby authorized and or collec- imosey, and the Bank is hereby authorized it is a man or to the individual credit of non- it the purpose of making electronic fund true or commission of making electronic fund true or commission of making controls from the fact requested, authorized and directed to home as, when hearing or purporting to bear the fact, and the properties of the fact.	are thecking, savings, unifor time deposit accounts act Signer. The Accounts are governed by the terms is applemental Disclosures," as unsended by the Bank is person holding such title as specified from time to til lime, has the authority, on behalf of the Organization ment required by the Bank to open or minimin any Action checks, drafts, acceptances, time deposit resulpt and directed to honor the same, whether such hierar at or not the same are deposited to the individual credit	(collectively, the of the Bank's deposit from time to time. Each me in an incumbency and in its name, to: (1) ecount, and to close or a, and any other orders re payable to the order at of the person signing a stop payment orders or walleble from time to confirm from Bank came or industruments of items in from Bank came or industruments of items in the bank is entitled to many drawn in the differ Bank is centified to many have been

**Account Number:** 

0119 Status: Active Viewed by: Kenneth E Miller on Tuesday, September 20, 2016

Print

above; (6) the purchase or sale of foreign currencies on behalf of the Organization; and (7) other Treass

services as Bank may after and such Authorized Signer may request from time to time.

C. Borravine Authority. As referenced above, any \_\_\_\_\_\_\_ (required manber) of the Authorized Signers given the power to borrow has the authority to borrow sums of money from the Bank from time to time on behalf of and in the name of the Organization in such amounts, for such periods of time, and upon such terms as such Authorized Signer may deem advisable; to execute on behalf of the Organization my guaranty of the obligations of other persons or entities to the Bank; and to execute for and on behalf of the Organization notes, boards, debenues, other evidences of indentedness, loss agreements, like of credit agreements, sutherity in loan or similar agreements, or gurrantes in such form as such Authorized Signer may determine; and to pledge, hypothetate, martuage or otherwise in may manner whatporer encomber or crease a lieu upon eary property of the Organization and to deliver such documents and property to the Bank, whether real or personal, tengible or intengible, including but not limited to shares of stock, bonds, debentures, notes, occounts receivable. or other property, upon such terms and conditions as the Authorized Signer(s) may doesn advisable, to server payment of sums of mon barroused by the Organization from the Bank or to secure any such guaranty of the obligations of any third pury executed on behalf of the Organization, and to amend or modify the same.

Netwithstanding the foregoing, any one (1) of the Authorized Signers, desire alone, say (1) effectuate any borrowing pursuent to such note lean agreement, line of credit agreement, authority to lean agreement, security agreement or any other document executed in accordance with the foregoing authorization; and (2) delegate to any other representative of the Organization the power to obtain advances on behalf of the Organization from time to time under any loan agreement, line of credit agreement, sutherity to lean or other agreement previously approved in accordance with the foregoing authorization, even if the person to whom such authority to obtain advances is delegated is not named in this Resolution and Agreement.

- 5. Changes to Authorized Signer(s). The Organization agrees that the Recordiceper signing this Resolution and Agreement, or any person designated in writing by the Recordiceper, is authorized to certify to the Boat the names and signatures of persons authorized to set on behalf of the Organization under the foregoing Resolution and Agreement, and from time to time hereafter, as additions to or changes in the identity of said Authorized Signer(s) are made, and such Recordiceper or designee shall immediately report, famils and certify such changes to the Bank, and shall submit to Bank a new signature eard, incumbency certificate or other document reflecting such changes in order to make such changes.
- 6. Banh's Right to Rely on This Respiration and Agreement. The undersigned Recordisceper certifies that the foregoing Resolution and Agreement is in conformity with the governing documents of the Organization, and that Bank is authorized to sely on and to continue to honor the instructions of any Authorized Signer(s) identified herein or as subsequently certified as set forth above until Bank is notified in writing by the Recordingper or designee of the amendment or revocation of such authority and Bent has had a community period of time to act there The Organization agrees and acknowledges that peither the federal Electronic Fund Transfer Act (15 U.S.C. Section 1693 and following) are Regulation E (12 C.F.R. Part 205) are applicable to any debit card or other access device assued by Bank to Organization pursuant to this Resolution. The Organization hereby agrees to indemnify and boild the Beak barreless against any and oil loss, cost, damage, or expenses suffered or incurred by Bank arising our of or in any way related to Bank's reliance in good faith on the terms of this Resolution and Agreement.
- 7. Incumbency Certificate. The undersigned Recordiscoper certifies that each person listed above as an Authorized Signer currently holds the office indicated adjacent to bis or her name, and that the specimen signature adjacent thereto is the valid signature of such individual.

- Cuincilines for Completion of the following signature box for Customers that are U.S. letal entities:

   Composition: The Recordances signing below should be the corporate necessary or suristant secretary. The Additional Officer may be the Champeston, President, CEO, a Board member, the Treasurer or CFO.
- Performing Lighted Lightlity Permenting, Limited Lightlity Company, or Sete Projector: All general partners, all members, or the sete proprietor must sign this form, unless Organization's governing documents specify that a managing general partner or other person may set. In any ovent, a second general partner of member must sign in the Additional Officer section, Sole proprietors or single member LLCs do not require a second algorithm.
- Governmental Entity: The Treasurer must sign in the Recordsceper section, onless the Organization's charter specifies otherwise. The entity's Chargeman, Vice Chargeman, or Coursel must sign in the Additional Officer section.

SIGNATURE REQUIRED

SIGNATURE REQUIRED

ADDITIONAL OFFICE AND STATE OF THE STATE OF Name (Type or print): Wave Rock LLC lame (Type or print) Wave Rock LLC By: Honey Lake LLC, Manager of Wave Rock By: Honey Lake LLC, Manager of Wave Rock Lic By: Annazi Management Partners LLC, Manager of Honey Lake LLC By: Amesari Management Pattners LLC, Monager of Honey Luke LLC of Henry Lake LLC By: Blair W McNes, Manager of America By: Blair W McNex, Manager of Anisazi Management Periners LLC Management Partners LLC Signature Title: Sole Mer Affix Seal, if required by Organization's governing documents. in witness whereof, the aforementioned Recordisceper has subscribed his or her name and, if appropriate and required, applied the seal of the Organization to this Resolution and Agreement as of this lay of March, 20

Additional Signatures of Members, Partners or Other Required Persons

The undersigned persons, being Members, General Partners, or other persons required under the governing documents of the foregoing Organization to approve the foregoing Resolution and Agreement, hereby consent to the adoption thereof.

Case 2:17-cv-02000-APG-GWF Document 8-2 Filed 07/24/17 Page 98 of 153 PrintImage Page 1 of 1

MD p11(8) i3 (# 8470) LL DANCE		
Commercial Signature Card	Operator's Name: Mar Branch Number: 263	
UMB UMB NA		ANK")
y opening or maintaining this account with Bank, the account holder r		
nd all the other daposit accounts maintained by the Depositor with Ba occuments referred to therein as "Supplemental Disclosures," as reviewosit Account Agreement and the Supplemental Disclosures; (3) Ban at forth below in the payment of funds or the transaction of any othe elow and an authorized officer of Bank has approved the Special Instru	ised by Bank from time to time; (2) the ix is authorized to honor the instructions of business invoking this account, unless	Depositor has received a copy of the of any one (1) of the authorized signers
Account Title and Mailing Address:	Corporation	Regular Chapting
BLIZZARDWHITE LLC.	State Proprietor	Performance
	Partnership / Joint Venture	Daily investment
7702 E DOUBLETREE RANCH RD STE 300	Limited Partnership	Sweep Account
	Government / Public Funds	☐ Bavings / Time
SCOTTSDALE, ARIZONA 85258	Voluntary Unincorp. Assoc.	Ø Other:y⊓
	Limited Liability Company	Account Humber
	Fiduciary I Trust	
Check if NEW Address	000er	0100
Address: No. a Sweet City	State 23p	Telephone Number Shirt)
(If dillarial) than, abova)		(mk) 303-218-6617
Account Opened by: Amount of First Deposit Date Opene Marcus Reston \$100.00 3/12/2014	d I.D. or License No.	ChexSystems Code
Last Banking Name of Bank Branch / Adi Commedition:	dress City	State
Other Current Banking Connections:	Airthuise Accounts in th	ts Bank
	• • • • •	
Special instructions: (Requires written approval of authorized Bank Officer)	Signature by Managema	ns Commissee Member
NAME OF AUTHORIZED SIGNERS (TYPE OR PRINT) 5	IGNATURE FACE	IMILE TITLE (IF ANY)
) JENNIFER A JOHNSON		AUTHORIZED SIGNER
DANIELLE C FOSS	Fors c	AUTHORIZED SIGNER
oj		]. •
9		7
9)		]
D)		
OFFICER'S CERTIFICATION NOTICE: Our bank compile	es with Section 326 of the USA PA	TRIOT Act. This law mandates
hereby certify that: (1) the information set forth-on this Commercial Sig	nature Card is true and correct; (2) each p	erson named above as Authorized
Signer is currently authorized to ect on behalf of Depositor os stated in urnerally in effect governing the Depositor, and (3) I am authorized to sig	in this Signature Card by virtue of resour In and deliver this Signature Card to the S	enk on behalf of the Depositor.
0)-	AUTHORIZED SIGHER	3/2/4
Signad	Title	Olita 
W-9: Under penalties of perjury, I certify (1) that the number sho will be reported under this number) and (2) that I am examplifrom I feiture to report all interest or dividence, or the Interest Revenue S (3) that I am a U.S. person (including a U.S. resident allen) as do been notified that you are subject to backup withholding because at	seckup withholding, or I am not subject to ervice has notified me that I am no longe fined in the instructions to Form W-9, C under-reporting interest or dividends on y	o backup withholding as a result of a r subject to backup withholding, and ross out item (2) above if you have our tax return. Alo L.A.
	AUTHORIZE	
Tappayer I.D. 45-4890928	U.S. Pendo Tole	r Date 4 🕯

2005 il 1200001 (N. 03-2012)	ORGANIZATION RESOLU Deposit Accounts and Rel			·	010
iame of Organization		BLIZZARDWHITI	ELLC		
the "Organization"), a Liv		cutity) organized un		ARIZONA	(state)
ax ID Number of Organization	on: 43-4890928				
he undersigned certifies to U	MB_NA	(the "B	lank") as follow	75:	•
lawful enstody of the offi Resolution and Agreem quorum was present and a Agreement was duly adop	Secretary or Assistant Secretary, or an office cial records of the above Organization (the ", end. At a meeting of the governing body or selling throughout, or pursuant to the unarridua pixel and approved and is currently in full forc y Authorized Signer listed below is authorize	Recordiesper"). I are Conganization duly us written consent of condition duly us written consent of conditions.	n authorized to held on	eidt sbivore Cd Cl I galwollot sch balsen to bob	locument to the Bank. (dute) and at which a Resolution and
NAME	Time on Posmon	Speco	GEN STONATURE		POWERS GRANTED (
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NIELLE C FOSS	AUTHORIZED SIGNER			-foss	A,B
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Authorized Signer me  "Accounts") as detent as  account agreement as  Authorized Signer we  certificate provided be  sign and deliver any a  re-title such Account  for the payment of me	my open and maintain with Bank one or more mined from time to time by that Authorized aid the documents referred to therein as "Suppose th this power (or if no name is given, the pen by the Reconditesper to the Bank) acting alone application, signature eard, or other document as (2) sign or endouse for deposit or collection oncy, and the Bank is hereby authorized and or countersigning the same, and whether or n	checking, savings, as igner. The Accounts temental Disclosures ton holding such title, has the authority, or required by the Ban checks, drafts, acceptives threated to honor the	nd/or time depo size governed i ," as emended i as specified for a behalf of the k to open or ma stances, time de same, whether	esti accounts ( by the terms of by the Bank fir son time to tim Organization of sintain any Ac specit receipts, such items are	I the Bank's deposit rom time to time. Each no in the minematerity and in its same, to: (1) rount, and to close or , and any other orders a payable to the order
Authorized Signer me "Accounts" as determ account agreement an Authorized Signer with certificate provided be sign and deliver any a re-little such Account for the payment of me of the person signing or countersigning the with respect to any it imme that provide electrone debit cards for a mode payable to the Coff any particular person. The Bank is hereby to Organization's name, honor all such checks, affixed, if such fhesim	ay open and maintain with Bank one or more mined from time to time by that Authorized S at the documents referred to therein as "Supp th this power (or if no name is given, the pen y the Recordicepper to the Bank) acting atoms application, signature card, or other document is (2) sign or endorse for deposit or collection eacy, and the Bank is hereby authorized and	checking, suvings, and igner. The Accounts in the lemental Disclosures tan holding such title, has the authority, or required by the Ban checks, drafts, acceptives a function of the same are deposited to honor the of the same are deposited to honor the of the same are deposited to a from the information access to a to or from Accountaing or stamping the code, drafts or other onlie eignature of any hor by what means a man duly cardified to do and the cardinal an	adior time depring are governed it, as a specified in a superified in a superified in a behalf of the it to open or mustances, time detained, time detained, the had bank such sarvis such Accounts is that permit is that permit is that permit is that permit in that permit is that permit in the Oraclers for the process	self accounts (copy the terms of the terms of the terms of the self of the sel	collectively, the  f the Bank's deposit row since to time. Each ne in an incumbency and in its name, w: (!) round, and to clase or , and any other orders to payable to the order of the person signing atop payment orders a revallable from time to in from Bank due or information of the same may drawn in the the Bank is emitted to in may have been arrized Signer.

Print D100 Status: Active Viewed by: Kenneth E Miller on Wednesday, September 21, 2016 above; (6) the purchase or sale of foreign currencies on behalf of the Organization; and (7) other Treasury Management, cash or visit services as Bank may offer and such Authorized Signer may request from time to time Borrowing Authority. As referenced above, any \_\_\_\_\_ (required number) of the Authorized Signers given the power to borrow has the authority to borrow sums of money from the Bork from time to time on behalf of and in the same of the Organization in such amounts, for such periods of time, and upon such terms as such Authorized Signer may deem advisable; to execute on inhalf of the Organization any guaranty of the chliquitons of other persons or emities to the Bank; and to Execute for and on behalf of the Organization notes, bunds, debentures, other evidences of indebtedness, loan agreements, line of credit agreements, authority to loan or similar agreements, or guaranties in such form as such Authorized Signer may determine; and to plodge, hypothecate, morgage or otherwise in any manner whatsoever ensumber or create a lieu upon any property of the Organization and to deliver such documents and property to the Bank, whether real or personal, tangible or intangible, including but not limited to shares of stock, bonds, debentures, notes, occurant receivable, or other property, upon such terms and conditions as the Authorized Signer(s) may deem advisable, to secure payment of money borrowed by the Organization from the Bank or to secure any much guaranty of the obligations of any third party executed on behalf of the Organization, and to amend or modify the same Organization, such as means of mounty are same.

Note libring the foregoing, any one (1) of the Asthorized Signers, acting alone, may (1) effectuate any honorwing pursuant to such auto, loon agreement, like of credit agreement, authority to loon agreement, security agreement or any other decurrent executed in accordance with the foregoing authorization; and (2) delegate to any other representative of the Organization the power to obtain advances on behalf of the Organization from time to time under any loss agreement, line of credit agreement, authority to loan or other agreement previously approved in accordance with the foregoing authorization, even if the person to whom such authority to obtain advances is delegated is not named in this Resolution and Agreement. 5. Changes to Authorized Signer(s). The Organization agrees that the Recordiceper signing this Resolution and Agreement, or any person designated in writing by the Recordiceper, is authorized to certify to the Bank the names and signatures of persons authorized to act on behalf of the Organization under the foregoing Resolution and Agreement, and from time to time hereafter, as additions to or changes in the identity of. sald Authorized Signer(s) are made, and such Recordiceper or designer shall immediately report, furnish and cartify such changes to the Bank, and shall submit to Bank a new signature eard, incumbency certificate or other document reflecting such changes to order to make such changes 6. Bank's Right to Rely on This Resolution and Agreement. The undersigned Recordiceper cartifies that the foregoing Resolution and Bank's Right to Rely on This Reminition and Agreement. The undersigned securitaeper certifies that the foregoing Resammen and Agreement is in conformity with the governing documents of the Organization, and that Bank is authorized to rely on and to combine to hamir the instructions of any Authorized Signer(s) identified herein or as subsequently certified as set forth above until Bank is notified in writing by the Recordkeeper or designer of the amendment or revocation of such authority and Bank has had a responsible period of time to set thereon. The Organization agrees and acknowledges that neither the federal Flucturate Fund Transfer Act (15 U.S.C. Section 1693 and following) nor Regulation E (12 C.F.R. Part 203) are applicable to any debt card or other secess device issued by Bank to Organization pursuant to this Resolution. The Organization hereby agrees to indemnify and hold the Bank harmless against any and all loss, cost, damage, or expenses suffered or incurred by Bank adulage out of or in any way related to Bank's reliance in good faith on the terms of this Resolution and Agreement. 7. Incumbency Certificate. The undersigned Resordiscoper certifies that each person listed above as an Authorized Signer currently holds the office indicated adjacent to his or her name, and that the specimen signature edjacent thereto is the walld signature of such individual. Guidelines for Completion of the following signature box for Customers that are U.S. legal entities: Commention: The Recordiscoper signing below should be the corporate secretary or assistant secretary. The Additional Officer may be the Chaliperson, President, CEO, a Board member, the Treatment of CFO. Properties Limited Lightilly Postnership. Limited Lightiliv Company, or Solo Proprietor. All general pastners, all members, or the sole proprietor rouse sign this form, unless Organization's governing documents specify that a muniper, many results are representatively as a manufacture of single member must sign in the Additional Officer section. Sole proprietures or single member LLCs do not require a second signature.

Governmental Entity: The Treasurer must sign in the Recordize-per section, unless the Organization's charter specifies otherwise. The entity's Chabrenson, Vica Chabrenson, or Course) must sign in the Additional Officer section. SIGNATURE REQUIRED SIGNATURE REQUIRED ne (Type or print): Wave Rock LLC lame (Type or print) By: Honey Lake LLC, Manager of Wave Rock By: Honey Lake LLC, Manager of Wave Rock tic By: Anssed Management Pariners LLC, Manager of Honey Lake LLC

By: Blair W Michell, Manager of Anason Management Pariners LLC By: Annuari Management Partners LLC, Manager of Honey Lake LLC By: Blair W McNea, Mineger of Amsses Management Partners LLS Signature Sole Membe Affly Sent, if required by Organization's governing documents. in witness whereof, the aforementioned Recordiceper has subscribed his or er name and, if appropriate and required, applied the seal of the Organization to this Resultation and Agree nt as of this 20 Additional Signatures of Members, Partners or Other Required Persons The undereigned persons, being Members, General Partners, or other persons required under the governing documents of the foregoing Organization to approve the foregoing Resolution and Agreement, hereby consent to the adoption thereof.

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used in 110713 (r Gera) All Banks			
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Commercial Signature Card		Branch Number: 26	•• •••
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By opening or maintaining this account with Bank, the and all the other deposit accounts maintained by the D documents referred to therein as "Supplemental Dis- Deposit Account Agreement and the Supplemental Dis- set forth below in the payment of famts or the transact below and an authorized officer of Bank has approved it	repositor with Bank are gon lesures," as revised by Br closures; (3) Bank is suite clien of any other business	verned by the terms of the Ba ank from time to time; (2) the rized to honor the instructions involving this account, unles	nk's Deposit Account Agreement and the Depositor has received a copy of the of any one (3) of the authorized signers
Account Title and Maling Address:		Corporation	Gitegerian Cheshing
BELLAATHOME LLC		Quie Proprietor	Pertinentics
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SCOTTSDALE, ARIZONA 85258		Government / Public Funds	
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Special irratructions: (Requires vertices approval of authorize			ent Complites Member
NAME OF AUTHORIZED SIGNERS (TYPE OR PRO	NT) SIGNATUR	TE FAC	SMILE TITLE (IF ANY)
1) JENNIFER A JOHNSON	5		AUTHORIZED SIGNER
	7 Miles		_
	7 18EF -	<del>⊆</del> &, ζ ξ	ALITHORIZED SIGNER
2) DANIELLE C POSS	- Des -	1	AUTHORIZED SIGNER
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6)  Opprocer's Certification Notice: Out that we verify that (1) the information set from an this Signer is currently authorized to act on behalf of Depositor; and (3) I am Signer is currently in offert governing the Depositor; and (3) I am Signer W-8: Under panalics of portify, I certify (1) that will be reported (index this number) and (2) that is followed to report as interest or dividends, or the interest or operation at 15 met.	y certain intermation a commercial Signature Co- codor as stated in this Sig- continued to sign and del authorized to sign and del the farmber shown below an except from backup with cond foresour Service has	Section 328 of the USA P. about you while processi- rature Card by vidus of reso four this Signature Card to the AUTHORIZED SIGNER Title in my correct Texpayer ident thholding, or I am not subject in million on that I am no tent the Instructions to Form W-9, porting interest or dividends or AUTHORIZE	ATRIOT Act. This taw mandatos in procur secount application.  person named above as Authorized unless or other sufficiely documents Benk on behalf of the Depositor.  4/2/44  Date  Tication Number (Interest paid, if any, to backup withholding as a result of a per subject to backup withholding, and cross out less (2) above if you have your bas return.
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5)  OFFICER'S CERTIFICATION   NOTICE: Out that we verify that (1) the information set forth on this Signer is currently authorized to act on behalf of Departmently in officet governing the Depositor; and (3) I am Signer is currently in officet governing the Depositor; and (3) I am Will be reported funder this number) and (2) that I entitlere to report as interest or dividends, or the Intit (3) that I am a U.S. person (darking a U.S. intit (3) that I am a U.S. person (darking a U.S. intit (3) that I am a U.S. person (darking a U.S. intit (3) that I am a U.S. person (darking a U.S. intit (3) that I am a U.S. person (darking a U.S. intit (3) that I am a U.S. person (darking a U.S. intit (3) that I am a U.S. person (darking a U.S. intit (3) that I am a U.S. person (darking u.S. intit (3) that I am a U.S. person (darking u.S. intit (3) that I am a U.S. person (darking u.S. intit (3) that I am a U.S. person (darking u.S. intit (3) that I am a U.S. person (darking u.S. intit (3) that I am a U.S. person (darking u.S. intit (3) that I am a U.S. person (darking u.S. u.S. u.S. u.S. u.S. u.S. u.S. u.S	Commencial Signature Co- coder as stated in this Sign authorized to sign and dot in the farmber shown below an exempt from backup wi conel foreman bac	Section 328 of the USA P. about you while processal rate Card by Willia of resolver this Signature Card to the AUTHORIZED SIGNER Title Is my correct Taxpayer ident thiolding, or I am not subject a neithed me that I am no long he instructions to Form W-9. porting indirect or divisions or AUTHORIZE On. Ti	ATRIOT Act. This law mandates : pop your secount application . pop your secount application . Attack the person of other sulterity documents Benk on behalf of the Departor.  4/2/4 Date  Theatien Number (Interest paid, if any, to backup withholding on a result of a per subject to become withholding, and Cross out item (2) shows if you have your bas return.  4/2/4 Date  Date

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248 istem	of (R.M.ROID)	Deposit Accounts and	Related Services; Borrowing		0771
Varne of (	Organization		BELLAATHOME LLC	1.0	(min)
the Org	unisation"), a LIN		es of entity) organized under the laws of	AKIZUNA	· · · · · · · · · · · · · · · · · · ·
	ralgned certifies to i		(the "Bank") as follows	•	
iswii 2. Rest	ul custody of the off lution and Agreen	ficial records of the above Organization (figures). At a meeting of the governing body	officer, perimer, owner, principal, manager, the "Recordkeeper"); I am authorized to p of the Organization duly held on <u>6/20/2</u> minous written consent of its members, th	012 o following J	(dels) and at which a Resolution and
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Account Number

0771 Status: Active Viewed by: Kenneth E Miller on Wednesday, September 21, 2016

## Print

# Tin 35-2448818



above, (6) the purchase or sale of foreign currencies on behalf of the Organization; and (7) other Treasury Management, each or vault services as Bank may offer and such Authorized Signer may request from time to time.

(required number) of the Authorized Signers given the power to borrow has the guaranty of the obligations of other persons or emittes to the Bank; and to execute for and on behalf of the Organization notes, bonds, , other evidences of indebtedness, loan egrecioents, line of credit egreenests, authority to loan or similar egreenents, or guaranties in such form as such Asidorized Signer may determine; and to pledge, bypodicente, mortgage or otherwise in any manner whatsoever ensumber or create a lieu upon any property of the Organization and to deliver such documents and property to the Benk, whether real or personal, inagilities or intensible, including but not limited to shares of stock, bonds, debentures, notes, exceunts reservable, or other property, upon such terms and conditions as the Authorized Signer(s) may deem advisable, to secure payment of sums of manny borrowed by the Organization from the Bank or in secure say such guaranty of the obligations of any third party executed on behalf of the Organization, and to smooth or modify the same Organization, and to smend or modify the same.

Notwithstanding the foregoing, any one (1) of the Authorized Signers, acting alone, may (1) effectuete any borrowing pursuant to such note, how agreement, then of credit agreement, authority to ham agreement, security agreement or any other document executed in accordance with the foregoing authorization; and (2) delegate to any other representative of the Organization the power to obtain advances on behalf of the Organization from time to time under any loan agreement, line of credit agreement, submitty to loan or other agreement previously approved in indusce with the foregoing numerization, even if the person to whom such authority to obtain advances is delegated is not named in this Resolution and Agreement.

- Changes to Authorized Signer(s). The Organization agrees that the Recordscoper signing this Resolution and Agreement, or any person designated in writing by the Recordscoper, is authorized to cardly to the Benk the names and signatures of persons authorized to act on behalf of the Organization under the foregoing Resolution and Agreement, and from time to time hereafter, as additions to or changes in the identity of said Authorized Signer(s) are made, and such RecordResper or designee shall immediately report, furnish and certify such changes to the Bank. and shall substit to Bank a new signature card, incumbency certificate or other document reflecting such changes to order to make such changes
- Bank's Right to Rely on This Resolution and Agreement. The undersigned Recordisaper certifies that the foregoing Resolution and Agreement is in conformity with the governing documents of the Organization, and that Bank is authorized to rely on and to continue to honor the instructions of any Authorized Signer(s) identified herein or as subsequently certified as set forth above until Bank is notified in writing by the Recordisceper or designer of the amendment or revocation of such ambority and Bank has had a reasonable period of time to act thereon.

  The Organization agrees and acknowledges that arither the federal Electronic Fund Transfer Act (15 U.S.C. Section 1693 and following) nor Regulation B (12 C.F.R. Part 205) are applicable to any debit eard or other access device issued by Bank to Organization pursuant to this Resolution. The Organization hereby agrees to indemnify and hold the Bank hernitess against any and all loss, cost, damage, or expenses suffered or interred by Bank srising out of or in any way related to Bank's reliance in good faith on the terms of this Resolution and Agreement,
- Incombence Certificate. The undersigned Reconditions that each person listed above as an Authorized Signer currently holds the
  office indicated adjacent to his or her name, and that the specimen algusture adjacent thereto is the valid signature of such hidividual.

- Guidelines for Completion of the following stanature box for Customers that are I.S. legal cutities;

  Consenies: The Recordineper signing below should be the corporate secretary or assistant secretary. The Additional Officer way be the Chairperson, President, CEO, a Board member, the Treasurer or CFO.
- Enterenhis, Limited Libility Perturning, Limited Libility Comment, or Sole frequisite. All general partners, all members, or the sole preprietor must sign this form, under Organ landon's governing documents specify that a manager, managing specify lartner or other person may set, in any event, a second general partner or member wast sign in the Additional Officer scales. Sole proprietors or single member LLCs do not require a second signature.

  Generalization's charter specifies otherwise. The entity's Charapterson, Vice Characterson, or Counsel must sign in the Additional Officer section.

SI	GNATURE REQUIRED	CONTRACTOR SERVICE	SIGNATURE REQUIRED
Name (Type or print) Signature:		Name (Type or print):	
Title: Member Affix Seal, if required In whoese whereof, the her name and, if appros Organization to this Re	by Organization's governing documents. Afterwarding of Recordisceper has subscribed his or ordate and required, applied the seal of the solution and Agreement as of this by of Paril	Title: Manager	

Additional Signatures of Members, Partners or Other Required Persons The undersigned persons, being Members, General Partners, or other persons required under the governing documents of the foregoing Greenization to approve the foregoing Resolution and Agreement, hereby consent to the adoption thereof.

## PX3

# Agarwal Attachment C

First National Bank of Omaha Records

# CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY Pursuant to 28 U.S.C. § 1746

- 1. I, <u>Jeff Johnston</u>, have personal knowledge of the facts set forth below and am competent to testify as follows:
- 2. I have authority to certify the authenticity of the records produced by First National Bank of Omaha and attached hereto.
- 3. The documents produced and attached hereto by First National Bank of Omaha are originals or true copies of records of regularly conducted activity that:
  - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - b) Were kept in the course of the regularly conducted activity of First National Bank of Omaha; and
  - c) Were made by the regularly conducted activity as a regular practice of First

    National Bank of Omaha.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on Saptamber 28, 2016.

## Approved 322600 April 25, 2014

9787			David Goldstone
	Signature Card / Business	Depository Acco	ount Agreement
A Carela Burde Thomas and all the	na has divisions that operate under the names l'Irst National Bar	nk, First National Bank Sout	thwest, First National Bank Fremont, First National Bank North Platte and In one division of First National Bank of Omaha, those deposits are added
	results Processing dates by you have appears in an annual relations of the Federal Deposit Insurance Co	arporation (the "POIC ), the	Date: 04/18/2014
Account Number:	FIRST CLASS WHITENING LLC	-	
Account flue.	JENNIFER ANN JOHNSON DANIELLE C FOSS		
Address:	at 7702 E Doubletree Ranch Rd SCOTTSDALE	, AZ 85258	
Phone:			
IMPORTANT ACCOUNT provide one or more farms of our privacy policy and federate	of identification to fidfill this requirement. In some instances w	ve may use outside sources	auton to verify your identity. You may be asked several questions and to to confirm the information. The information you provide is protected by
Owner/Signer Informa	ation 1	Owner/Signer Infor	mation 2
Name	JENNIFER ANN JOHNSON	Name	DANIELLE C FOSS
Relationship/Role	Authorized Rep/Signer	Relationship/Role	Authorized Rep/Signer
Address	BRIGHTON, CO 89601	Address	THORNTON, CO 80502
Birth Date	1977	Birth Date	1984
SSN/TIN	XXX-XX-3911	SSN/T(N	XXX-XX-8082
Owner/Signer Informa		Owner/Signer Infor	mation 4
Name		Name	
Relationship/Role		Relationship/Role	
Address		Address	
Birth Date		Birth Date	
SSN/TIN		SSN/TIN .	<u></u>
Non-Individual Owne	7 ** * * * * * * * * * * * * * * * * *	Signatures	
Name	*FIRST CLASS WHITENING LLC		Omnha is authorized to recognize any of the signatures and facetable yment of funds or the transaction of any business for this account. The
SSN/TIN	80-0835625	denositor acroses to be b	ound by all regulations of the Bank, including but not limited to, the
Type of Entity	Limited Liability Company		present and Disclosure (or Certificate of Deposit) and consents and ank by electronic means. Customer understands that Bank may maintain
State/Country	Arizona	a come of this signature	card in electronic form and agrees that a copy produced from such other reliable means (for example, photocopy, image or facsimile) shall
Address	at 7702 E Doubletree Ranch Rd SCOTTSDALE, AZ 85258	in all respects be consid-	read equivalent to an original. This account is governed by the istess lation filed with the Bank.
Back-up Withholding	Certifications		
	fy fareign status separately.)	1  X	
TIN: 80-0835625		JENNIF	ER AND JOHNSON
ZTaxpayer LD. Number identification number.	(TIN) • The number shown above is my correct texpayer	2j X	Esel For
Machan Withholding	I am not subject to backup withholding either because I	DANIEL	LE C FOSS
have not been notified that	t I am subject to backup withholding as a result of a failure idends, or the internal Revenue Sarvico bas notified me	3] X .	
1	am an exempt recipiont under the internal		
	of perjury the <u>stateme</u> nts checked in this section and occurring a U.S. resident allen).	4] X	
x	(Date)		
	VHITENING LLC	Other Terms/Inform	nation/Special Instructions/Beneficiary Designation
For Bank's Use Only  New	☐ Replacement ☐ Additional*		
L New	*Prior Signature Card Date		
Checking	Savings Certificate of Deposit	1	

Origination 435495

Signature Card / Business Depository Account Agreement 3/31/2014

Page 1 of 1

## Approved 322600 April 25, 2014

Acceptable to the second secon	APPOINTMENT OF SIGNERS				
and appoint the followings individuals as	authorized by the Certification of(the "Customer") which was execute Authorized Signers (hereinafter the "Signers"	d on 04/18/2014 , hereby nominate			
(the "Account"):	Names	Names			
Names	5.	9.			
1. TEMMILER ANN TOURSON					
2 DANIELLE C POSS					
3.	7.	11.			
4.	8.	12.			
This form revokes any and all previous Ap Account are hereby removed.  All signers shall have the ability to possess. This form shall have no effect on any exist. This form shall have no effect on any Apportant that Bank agree and deem it accept electronic means that are acceptable to, as documents, signatures or authorizations ob I understand that the Bank may maintain electronic form or by any other reliable me.  The Customer understands and agrees that Commercial Deposit Agreement, the terms	main in full effect and force until First Nationactory to the Bank, and the Bank has a reason pointments of Signers for the Account. As so a Visa Check Card or Debit Card for the ling Business Depository Resolutions for the continuent of Business Cardholders for the Account a signed copy of this Appointment of that are acknowledged by, the Bank. That tained through such electronic means as thou a copy of this document in electronic form a ans shall in all respects be considered equivate the Account shall be governed by and subject of which are incorporated herein by this refer taccept, this Appointment of Signers for any	nable opportunity to act thereon.  uch, all previously appointed signers for the  Account.  Customer.  count.  f Signers may be delivered to the Bank via e Bank may rely upon any and all records, igh they were an original.  and I agree that a copy produced from such ilent to an original.  ct to the terms and conditions of the Bank's erence			
	Signers Removed*				
*The individual(s) listed below shall be removed from the Account regardless of whether they are listed above as a Signer.					
1.	5.	9.			
2.	6.	10.			
3.	7.	11.			
4.	8.	12.			
I certify that my authority with regard to the IN WITNESS WHEREOF, I have signed to the signed to th	te Account has not been revoked or modified this Appointment of Signers as of04/18/				
Name of Authorized Representative	-	Signature			

1 of 1

#### Approved 322600 April 25, 2014

CERTIFICATION OF BUSINES	S DEPOSITORY RESOLUTION
the State of Arizona under taxpayer identification	
I further certify that I hold the office indicated next to my signal board of directors or other governing body or persons whose app the Customer:	rure and that the following resolutions have been approved by the roval is necessary to make these resolutions effective on behalf of
RESOLVED, that First National Bank of Omaha (the "Bank") imay be deposited; and	s designated as a depository in which the funds of the Customer
the terms and conditions of the Bank's Commercial Deposit incorporated herein by this reference and hereby approved an authorized to make advances of credit to prevent overdrafts on the below, acting alone, may execute on behalf of the Customer st "Agreements") with the Bank as the Authorized Representative copy of such Agreements in electronic form and the Customer st	ned on behalf of the Customer shall be governed by and subject to Agreement (the "Deposit Agreement"), the terms of which are d agreed to on behalf of the Customer; (ii) the Bank is hereby the Account; (iii) any of the Authorized Representatives identified such further documents, instruments and agreements (collectively deems necessary or appropriate; (iv) the Bank may maintain a agrees that a copy produced from such electronic form or by any shall in all respects be considered equivalent to an original; and
Appointment of Authorized Representatives	
RESOLVED, that the following individual(s) are hereby designs and that each such Authorized Representative, acting alone, shall referenced in the Deposit Agreement:	ated as "Authorized Representatives" with respect to the Account have the power and authority of an Authorized Representative as
Names	Names
1. JENNIFER ANN JOHNSON	5.
2. DANIELLE C FOSS	6.
3.	7.
4.	8.
The Customer further resolves that:	

- Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) make withdrawals
  and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment
  orders on the Account.
- 2. Authorized Signers shall not have the authority to make any changes or modifications to the Account.
- The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.
- 4. These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank receives written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.
- 5. These Resolutions revoke any and all previous depository resolutions for the Account.
- 6. These Resolutions do not revoke any previous Appointments of Signers.
- 7. These Resolutions do not revoke any previous Appointment of Business Cardholders.
- 8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue of the authority herein given.

brinisation 43548

1 of 2

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certificate a	s of
JENNIFER JOHNSON	
Name AUTHORIZED REP/SIGNER	Slovarures
Title	
Name	Signature*
Title	
* Number of signatures required is dependent upon Customer although two signatures may not be required. If additional signs	's organizational requirements. Space is provided for up to two (2) signature: stures are needed please contact your Bank representative

2 of 2

# CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION

(Account Specific Sponsored Entity) . . .

I, Danielle C Foss the undersigned, hereby certify that I am a duly authorized representative of FIRST CLASS WHITENING LLC (the "Customer"), which is a <u>LLC</u> existing under the laws of the State of ARIZONA under taxpayer identification number 80-0835626.

I further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on hebalf of the Customer:

RESOLVED, that First National Bank of Omaha\* (the "Bank") is designated as a depository in which the funds of the Customer may be deposited; and

RESOLVED, that: (i) deposit account #43129787 (the "Account") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and

RESOLVED, that: (I) various services provided to Customer by Bank shall be governed by and subject to the terms and conditions of the Bank's Terms and Conditions for Corporate Treasury Services to which SPARK WHITENING LLC (the "Paren") is a party and all relevant Attachments thereto, as amended from time to time (the "Master Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; and (II) Parent is hereby authorized to identify Customer as a Sponsored Entity referenced in the Master Agreement, to request and arrange for services from Bank on Customer's behalf and bind Customer to the terms of the Master Agreement; and

Appointment of Authorized Representatives

RESOLVED, that the following individual(s) are hereby designated as "Authorized Representatives" with respect to the Account and that each such Authorized Representative, acting alone, shall have the power and authority of an Authorized Representative as referenced in the Deposit Agreement:

Names	Names :
1. DANIELLE C FOSS	5.
2. JENNIFER ANN JOHNSON	6.
3,	7.
4.	8.

# The Customer further resolves that:

- 1. Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (I) make withdrawals and to draw checks, drafts or other orders for the payment of money on the Account; and (II) to issue or cancel stop payment orders on the Account.
- 2. Authorized Signers shall not have the authority to make any changes or modifications to the Account.
- 3. The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and forde until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable of portunity to act thereon.
- 4. These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank leceives written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable optiortunity to act thereon.
- 5. These Resolutions revoke any and all previous depository resolutions for the Account.
- 6. These Resolutions do not revoke any previous Appointments of Signers.
- These Resolutions do not revoke any previous Appointment of Business Cardholders.

First National Bank of Omaha has divisions that operate under the names First National Bank of Omaha, First National Bank, First National Bank of Colorado, First National Bank of Kansas, First National Bank of Kansas, First National Bank North First Na

Sponsored Entity Account Specific Depository Resolution : 31March2014

Page 1 of 2. Confidential

- 8: The Customer and the undersigned expressly understand and agree that the Bank, when dealing with anylof those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered of disposed of by virtue of the authority herein given.
- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents") may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely ilpon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may meintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certificate as of March 17. 2015.

Name

Name

Name

Name

Name

Name

Name

Signature\*

Signature\*

Number of signatures required is dependent upon Customer's organizational requirements. Space is provided for up to two (2) signatures

olthough two (2) signatures may not be required. If additional signatures are needed please contact your Bank representative.

Sponsored Entity Account Specific Depository Resolution

31March2014

Page 2 of 2. Confidential

9795			David Goldstone
Signature Card / Business Depository Account Agreement			
First National Bank of Ornaka has divisions that operate under the names First National Bank, First National Bank Southwest, First National Bank Fremont, First National Bank North Platte and Castlo Bank. These are all the same FDIC-insured bank. If you have deposits in the same right and expanding at more than one division of First National Bank of Ornaha, those deposits are added together and insured in accordance with the regulations of the Federal Deposit Insurance Corporation (the "FDIC"), they are not separately insured.			
Account Number:	9795		Date; 04/18/2014
Account Title:	TITANWHITE LLC JENNIFER ANN JOHNSON DANIELLE C FOSS		
Address:	7702 E Doubletree Ranch Rd SCOTTSDALE, A	Z 85258	
Phone:			
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires as to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.			
Owner/Signer Informa	tion 1	Owner/Signer infor	mation 2
Name	JENNIFER ANN JOHNSON	Name	DANIELLE C FOSS .
Relationship/Role	Authorized Rep/Signer	Relationship/Role	Authorized Rep/Signer
Address	BRIGHTON, CO 80601	Address	THORNTON, CO 80602
Birth Date	1977	Birth Date	1984
SSN/TIN	XXX-XX-3911	SSN/TIN	XXX-XX-8082
Owner/Signer Informa	tion 3	Owner/Signer Infor	mation 4
Name		Name	
Relationship/Role		Relationship/Role	
Address		Address	
Birth Date		Birth Date	
SSN/TIN		SSN/TIN	
Non-Individual Owner	Information	Signatures	
Name	*TITANWHITE LLC	First National Bank of (	Omalia is authorized to recognize my of the alguatures and facticalle
SSN/TIN	45-5143178		yment of funds or the transaction of any business for this account. The ound by all regulations of the Bank, including but not limited to, the
Type of Entity	Limited Liability Company	Commercial Deposit Ag	resment and Disclosure (or Certificate of Deposit) and communic and ank by electronic means. Customer understands that Bank may maintain
State/Country	Arizona	a conv of this simulars	card in electronic form and agrees that a copy produced from such
Address	7702 E Doubletree Ranch Rd SCOTTSDALE, AZ 85258	in all respects be consider complete depository resol	other reliable magns (for example, photocopy, image or facefulle) shall exed equivalent to an original. This account is governed by the latest which filed with the Bank.
Back-up Withholding	Certifications		_
(If not a "U.S. Person," certify		l ux	
TIN: 45-5143178		JENNIF	ER ANN JOHNSON
☑Taxpayer LD. Number (	(TIN) - The number shown above is my correct texpayer	2j X	E Del Fost
1	am not subject to backup withholding either because i		LE C FOSS
have not been notified that	I am subject to backup withholding as a result of a failure		
to report all interest or divi	dends, or the internal Revenue Service has notified me to backup withholding.	3  X	
☐Exempt Recipionts - La Revenue Service Regulation	m an exempt recipiont under the Internal IS.		
	of perjury the statements checked in this section and conding a U.S. resident aften).	4] X	
1. (1	(Date)		
		Other Terms/Inform	nation/Special Instructions/Beneficiary Designation
TITANWHITELL	× /		
For Bank's Use Only			
☐ New [	Replacement Additional*	1	
[ Charlein [	*Prior Signature Card Date  Savings Certificate of Deposit	•	
Checking		ination	

Origination 435495

Signature Card / Business Depository Account Agreement 3/31/2014

Page 1 of l

	APPOINTMENT OF SIGNERS	
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for the "TOTANWHITE LLC" (the "Customer") which was executed on		
(the "Account"):		
Names	Names	Names
1. JENNIFER ANN JOHNSON	5.	9.
2. DANIELLE C FOSS	6.	10.
3.	7.	11.
4.	8.	12.
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.		
All signers shall have the ability to posses	s a Visa Check Card or Debit Card for the	Account.
This form shall have no effect on any existi	ng Business Depository Resolutions for the C	Customer.
This form shall have no effect on any Appo	intment of Business Cardholders for the Acc	ount.
Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.		
I understand that the Bank may maintain a electronic form or by any other reliable men	copy of this document in electronic form a ans shall in all respects be considered equival	nd I agree that a copy produced from such ent to an original.
The Customer understands and agrees that Commercial Deposit Agreement, the terms	the Account shall be governed by and subject of which are incorporated herein by this refe	et to the terms and conditions of the Bank's rence
The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.		
	Signers Removed*	
	e removed from the Account regardless of what 5.	nether they are listed above as a Signer.  9.
1.		10.
2.	7.	11,
3.		12.
4.	8.	
I certify that my authority with regard to the Account has not been revoked or modified in any way.		
IN WITNESS WHEREOF, I have signed this Appointment of Signers as of		
JENNIFER JOHNSON Name of Authorized Representative	• •	Signature

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION		
I,		
RESOLVED, that First National Bank of Omaha (the "Bank' may be deposited; and	") is designated as a depository in which the funds of the Customer	
RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and		
Appointment of Authorized Representatives		
RESOLVED, that the following individual(s) are hereby designed that each such Authorized Representative, acting alone, streferenced in the Deposit Agreement:	gnated as "Authorized Representatives" with respect to the Account hall have the power and authority of an Authorized Representative as	
Names	Names	
1. JENNIFER ANN JOHNSON	5.	
2. DANIELLE C FOSS	6.	
3.	7.	
4.	8.	
The Customer further resolves that:		
<ol> <li>Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) make withdrawals and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment orders on the Account.</li> </ol>		
2. Authorized Signers shall not have the authority to make		
3. The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.		

- 4. These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank receives written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.
- 5. These Resolutions revoke any and all previous depository resolutions for the Account.
- 6. These Resolutions do not revoke any previous Appointments of Signers.
- 7. These Resolutions do not revoke any previous Appointment of Business Cardholders.
- 8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue of the authority herein given.

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- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.

HENTERS WILLED SAR I have stored this Contificate so of

13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

I further certify that such resolutions are in full force and effect, have not been revoked or modified, and that there is no provision in the Customer's organizational documents or any other requirement of law limiting effectiveness of the foregoing resolutions, the same are in conformity with the provisions of the Customer's organizational documents and if a corporate seal is required for this certificate, such seal is affixed.

IN WITHESS WHEREOF, I have signed this Count	- Del 10/2019
JENNIFER JOHNSON	
Name	Signature
AUTHORIZED REP/SIGNER	
Title	
Name	Signature*
	·
Title	

<sup>\*</sup> Number of signatures required is dependent upon Customer's organizational requirements. Space is provided for up to two (2) signatures although two signatures may not be required. If additional signatures are needed please contact your Bank representative.

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9808 David Goldstone			
Signature Card / Business Depository Account Agreement			
First National Bank of Ornaha has divisions that operate under the names First National Bank, First National Bank Southwest, First National Bank Fremont, First National Bank North Platte and Chestle Bank. These are all the same FDIC-insured bank. If you have deposits in the same right and capacity at more than one division of First National Bank of Ornaha, those deposits are added together and insured in accordance with the regulations of the Federal Deposit Insurance Corporation (the "FDIC"), they are not separately insured.			
Account Number:	9808		Date: 04/18/2014
Account Title:	ACTION PRO WHITE LLC JENNIFER ANN JOHNSON DANIELLE C FOSS		
Address:	at 7702 E Doubletree Ranch Rd SCOTTSDALE	, AZ 85258	
Phone:			· · · · · · · · · · · · · · · · · · ·
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to falfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.			nation to verify your identity. You may be asked several questions and to to confirm the information. The information you provide is protected by
Owner/Signer Informat	ion 1	Owner/Signer Infor	mation 2
Name	JENNIFER ANN JOHNSON	Name	DANIELLE C FOSS
Relationship/Role	Authorized Rep/Signer	Relationship/Role	Authorized Rep/Signer
Address	BRIGHTON, CO 80601	Address	THORNTON, CO 80802
Birth Date	1977	Birth Date	1984
SSN/TIN	XXX-XX-3911	SSN/TIN	XXX-XX-8082
Owner/Signer Informat	ion 3	Owner/Signer Infor	mation 4
Name		Name	
Relationship/Role		Relationship/Role	
Address		Address	
Birth Date		Birth Date	
SSN/TIN		SSN/TIN	
Non-Individual Owner	Information	Signatures	
Name	ACTION PRO WHITE LLC	First National Bank of	Omaba is authorized to recognize any of the signatures and facsimila
SSN/TIN	90-0870007	specimens affixed for pay	yment of funds or the transaction of any business for this account. The ound by all regulations of the Bank, including but not limited to, the
Type of Entity	Limited Liability Company	Commercial Deposit Ag	tories by an regulations of the easile, mainting but and number to, the perment and Disclosure (or Certificate of Doposit) and consents and ank by electronic means. Customer understands that Bank may maintain
State/Country	Arizona	a copy of this signature card in electronic form and agrees that a copy produced from suc electronic form or by any other reliable means (for example, photocopy, image or faceinable) sha	
Address	at 7702 E Doubletree Ranch Rd SCOTTSDALE, AZ 85258	in all respects be conside complete depository resol	ered equivalent to an original. This account is governed by the latest
Back-up Withholding C	Certifications		Va V
(If not a "U.S. Person," certify	foreign status separately.)	1. 11x	
YIN: 90-0870007		JENNIF	ER ANN JOHNSON A O-P
☑Taxpayer I.D. Number (1 Identification aumber,	"[IN] - The number shown above is my correct texpayer	2) X	( Hass
	am not subject to backup withholding either because i		LE C FOSS
have not been notified that I	am subject to backup withholding as a result of a failure		
that I am no longer subject to	ends, or the internal Revenue Service has notified me buckup withholding.	3] X	
☐Exempt Recipients - I am Revenue Service Regulations	on exempt recipient under the Internal :		
	perjury the statements checked in this section and indings ill.s. resident alten).	and 4  X	
x C	(Date)		
ACTION PRO WA	inte IIC	Other Terms/Inform	nation/Special Instructions/Beneficiary Designation
For Bank's Use Only			
l	Replacement Additional*		
ـــا ٠٠٠٠٠ بـــا	*Prior Signature Card Date		
	Savings		
	O-1	Ination	

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Signature Card / Business Depository Account Agreement 3/31/2014

Page I of I

APPOINTMENT OF SIGNERS		
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for  -ACTION PRO WHITE LLC (the "Customer") which was executed on		
Names	Names	Names
1. JENNIFER ANN JOHNSON	5.	9.
2. DANIELLE C FOSS	6.	10.
3.	7.	11.
4.	8.	12.
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.		
All signers shall have the ability to posses	s a Visa Check Card or Debit Card for the	Account.
This form shall have no effect on any existi	ng Business Depository Resolutions for the C	Customer.
This form shall have no effect on any Appo	intment of Business Cardholders for the Acce	ount.
Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.		
I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.		
The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference		
The Bank reserves the right to reject, or not	accept, this Appointment of Signers for any	reason.
	Signers Removed*	
*The individual(s) listed below shall be removed from the Account regardless of whether they are listed above as a Signer.		
1.	5.	9.
2.	6.	10.
3.	7.	11.
4,	8.	12.
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of04/18/2014		
JENNIFER JOHNSON		
Name of Authorized Representative		

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION			
l,	JENNIFER JOHNSON  -ACTION PRO WHITE LLC (the ate of Arizona under taxpayer	the undersigned, hereby certify that I am a duly authorized representative of "Customer"), which is aLimited Liability Company existing under the laws of identification number90-0870007	
I further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on behalf of the Customer:			
may b	pe deposited; and	the "Bank") is designated as a depository in which the funds of the Customer	
RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and			
Appo	intment of Authorized Representatives		
and th	DLVED, that the following individual(s) are hat each such Authorized Representative, action and in the Deposit Agreement:	nereby designated as "Authorized Representatives" with respect to the Accounting alone, shall have the power and authority of an Authorized Representative as	
Name	35	Names	
1. је	NNIFER ANN JOHNSON	5.	
2. DA	NIELLE C FOSS	6.	
3.		7.	
4.		8.	
The Customer further resolves that:			
<ol> <li>Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) make withdrawals and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment orders on the Account.</li> </ol>			
2,	2. Authorized Signers shall not have the authority to make any changes or modifications to the Account.		
3.	<ol> <li>The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.</li> </ol>		
4.	4. These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank receives written notic of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.		
5.	5. These Resolutions revoke any and all previous depository resolutions for the Account.		
i	Annual of the state of the stat		

- 6. These Resolutions do not revoke any previous Appointments of Signers.
- 7. These Resolutions do not revoke any previous Appointment of Business Cardholders.
- 8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue of the authority herein given.

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1 of 2

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certificate as of	04/18/2014
JENNIFER JOHNSON Name	Skurature*
AUTHORIZED REP/SIGNER Title	
Name	Signature*
Title	nizational requirements. Space is provided for up to two (2) signatures
although two signatures may not be required. If additional signatures discovering the continuous signatures are signatured as the continuous discovering the continuous discovering discov	re needed please contact your Bank representative.  Protect Date 04/18/201

<b>9816</b>			David Goldston	
Signature Card / Business Depository Account Agreement				
Courtin Barrie Those are all the	First National Bank of Omain has divisions that operate under the names First National Bank, First National Bank Southwest, First National Bank Fremont, First National Bank North Platte and Castle Bank. These are all the same PDIC-insured bank. If you have deposits in the same right and capacity at more than one division of First National Bank of Omain, those deposits are added together and insured in accordance with the regulations of the Federal Deposit Insurance Corporation (the "PDIC"), they are not separately insured.			
Account Number:	9816		Date: 04/18/2014	
Account Title:	SEDONA BEAUTY SECRETS LLC JENNIFER ANN JOHNSON DANIELLE C POSS			
Address:	at 7702 E Doubletree Ranch Rd SCOTTSDALE	, CO 85258		
Phone:				
IMPORTANT ACCOUN provide one or more forms of our privacy policy and federal	identification to fulfill this requirement. In some instances v	us to obtain sufficient informa we may use outside sources to	ation to verify your identity. You may be asked several questions and to to confirm the information. The information you provide is protested by	
Owner/Signer Informa	tion 1	Owner/Signer Inform	nation 2	
Name	JENNIFER ANN JOHNSON	Name	DANIELLE C FOSS	
Relationship/Role	Authorized Rep/Signer	Relationship/Role	Authorized Rep/Signer	
Address	BRIGHTON, CO 80801	Address	THORNTON, CO 80602	
Birth Date	<b>1977</b>	Birth Date	1984	
SSN/TIN	XXX-XX-3911	SSN/TIN	XXX-XX-8082	
Owner/Signer Information	<u> </u>	Owner/Signer Inform	nation 4	
Name		Name		
Relationship/Role		Relationship/Role		
Address		Address		
Birth Date		Birth Date		
SSN/TIN		SSN/TIN		
Non-Individual Owner	Information	Signatures		
Name	*SEDONA BEAUTY SECRETS LLC		make is authorized to recognize any of the signatures and finesimile	
SSN/TIN	90-0817844	specimens affixed for pays depositor agrees to be bor	ment of funds or the transaction of any business for this account. The and by all regulations of the Bank, including but not limited to, the	
Type of Entity	Limited Liability Company	Commercial Deposit Agre	enneni and Discinsure (or Certificate of Deposit) and consents and ik by electronic menus. Costomer understands that Bank may maintain	
State/Country	Arizona	a copy of this signature of	card in electronic form and agrees that a copy produced from such	
Address	at 7702 E Doubletree Ranch Rd SCOTTSDALE, CO 85259	electronic form or by any other reliable means (for example, photocopy, image or facsimile) in all respects be considered equivalent to an original. This account is governed by the incomplete depository resolution filed with the Bank.		
Back-up Withholding	Certifications			
(If not a "U.S. Person," certify	foreign status separately.)	11 X		
TIN: 90-0817844		JENNIFI	R ANK JOHNSON	
☑Texpayer I.D. Number ( Identification number,	FIN) - The number shown above is my correct texpayer	2] X	26-618	
have not been notified that I	am not subject to backup withholding either because I am subject to buckup withholding as a result of a fullure lends, or the Internal Revugue Service has notified me o backup withholding.		LE C FOSS	
☐Exempt Recipients • l an Revenue Service Regulations	an exempt recipiont under the luternal			
	perjury the statements checked in this section and inding a U.S. reside <del>nt alien)</del> .	4  X		
x _	(Date)			
*SEDONA BEAUT	Y SECRETS LLC	Other Terms/Inform	ation/Special Instructions/Beneficiary Designation	
For Bunk's Use Only				
□ New □	Replacement			
	*Prior Signature Card Date			

Origination 435495

☐ Certificate of Deposit

Signature Card / Business Depository Account Agreement 3/31/2014

□Savings

☐ Checking

Page 1 of 1

APPOINTMENT OF SIGNERS		
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for  **SEDONA BEAUTY SECRETS LLC (the "Customer") which was executed on		
Names	Names	Names
1. JENNIFER ANN JOHNSON	5.	9.
2. DANIELLE C FOSS	6.	10.
3.	7.	11.
4.	8.	12. ·
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.  All signers shall have the ability to possess a Visa Check Card or Debit Card for the Account.  This form shall have no effect on any existing Business Depository Resolutions for the Customer.  This form shall have no effect on any Appointment of Business Cardholders for the Account.  Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.  I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.  The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference		
The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.		
#The Endbald with Mineral Balance should	Signers Removed*	of whether they are listed above as a Signer.
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of		
		(/ V

1, JENNIFER JOHNSON the undersigned, hereby certify that I am a duly authorized representative suppose a proved the State of Arizona under taxpayer identification number 90-0817844  I further certify that I hold the office indicated next to my signature and that the following resolutions have been approved board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on both the Customer:  RESOLVED, that First National Bank of Omaha (the "Bank") is designated as a depository in which the funds of the Cumay be deposited; and  RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and sufficient the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives ide below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (college "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may mai copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original content of the customer agrees that a copy produced from such electronic form or other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original content of the customer agrees that a copy produced from such electronic form or other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original customer agree.	by the half of stomer oject to ch are hereby miffied ctively ntain a by any	
board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on be the Customer:  RESOLVED, that First National Bank of Omaha (the "Bank") is designated as a depository in which the funds of the Cumay be deposited; and  RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and sufficient terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Représentatives ide below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (college "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may mai the Customer agrees that a copy produced from such electronic form or	stomer  pject to  ch are  hereby  ntified  ctively  ntain a  by any	
RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and sulthe terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of whincorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Représentatives ide below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (colle "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may mai grow of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or	pject to ch are hereby entified ctively ntain a by any	
the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Représentatives ide below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (colle "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may mai the Customer agrees that a copy produced from such electronic form or	ch are hereby muified ctively ntain a by any	
	I; and	
Appointment of Authorized Representatives		
RESOLVED, that the following individual(s) are hereby designated as "Authorized Representatives" with respect to the Account and that each such Authorized Representative, acting alone, shall have the power and authority of an Authorized Representative as referenced in the Deposit Agreement:		
Names Names		
1. JENNIFER ANN JOHNSON 5.		
2. DANIELLE C FOSS 6.		
3. 7.		
4. 8.		
The Customer further resolves that:		
<ol> <li>Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) make withdrawals and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment orders on the Account.</li> </ol>		
<ol><li>Authorized Signers shall not have the authority to make any changes or modifications to the Account.</li></ol>		
<ol> <li>The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.</li> </ol>		

- 5. These Resolutions revoke any and all previous depository resolutions for the Account.
- 6. These Resolutions do not revoke any previous Appointments of Signers.
- 7. These Resolutions do not revoke any previous Appointment of Business Cardholders.
- 8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue of the authority herein given.

Origination 43549

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

Signature*
Signature*
Space is provided for up to two (2) signatures

435495

although two signatures may not be required. If additional signatures are needed please contact your Bank representative.

David Goldstone			
Signature Card / Business Depository Account Agreement			
First National Bank of Omaha has divisions that operate under the names First National Bank, First National Bank Southwest, First National Bank Fremont, First National Bank North Phatic and Castle Bank. These are all the same FDIC-insured bank. If you have deposits in the same right and capacity at more than one division of First National Bank of Omaha, those deposits are added together and insured in accordance with the regulations of the Federal Deposit insurance Corporation (the "FDIC"), they are not separately insured.			
Account Number:	9824		Date: 04/18/2014
Account Title:	SMILE PRO DRECTLLC LENNIFER ANN JOHNSON DANIELLE C POSS		
Address:	7702 E Doubletree Ranch Rd SCOTTSDALE, A	Z 85258	
Phone:			
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you our privacy policy and federal law.		tion to verify your identity. You may be asked several questions and to confirm the information. The information you provide is protected by	
Owner/Signer Informat		Owner/Signer Inform	nation 2
Name	JENNIFER ANN JOHNSON	Name	DANIELLE C FOSS
Relationship/Role	Authorized Rep/Signer	Relationship/Role	Authorized Rep/Signer
Address	BRIGHTON, CO 80601	Address	THORATON, CO 60602
Birth Date	1977	Birth Date	1984
SSN/TIN	XXX-XX-3911	SSN/TIN	XXX-XX-8082
Owner/Signer Informat	tion 3	Owner/Signer Inforn	nation 4
Name		Name	
Relationship/Role		Relationship/Role	
Address		Address	
Birth Date		Birth Date	
SSN/TIN		SSN/TIN	
Non-Individual Owner	Information	Signatures	
Name	SMILE PRO DIRECT LLC	First National Bank of O	make is authorized to recognize any of the signatures and fasimile
SSN/TIN	45-5143334		ment of funds or the transaction of any business for this account. The and by all regulations of the Bank, including but not limited to, the
Type of Entity	Limited Liability Company	Commercial Deposit Agre	coment and Disclosure (or Certificate of Deposit) and consonts and ok by electronic means. Customer understands that Bank may maintain
Sinte/Country	Arizona	a copy of this signature	eard in electronic form and agrees that a copy produced from such
Address	7702 E Doubletree Ranch Rd SCOTTSDALE, AZ 85258		other reliable means (for example, photocopy, image or facsimile) shall ed equivalent to an original. This account is governed by the latest tion filed with the Bank.
Back-up Withholding	l Certifications		
(If not a "U.S. Person," certify		1 1 X	)
TTN: 45-5143334		JENNIFI	RANDOHNSON
Taxpayer i.D. Number ( identification number.	FIN) - The number shown above is my correct texpayer	2) X	Lel for
have not been notified that I	am not subject to backup withholding either because I am subject to backup withholding as a result of a failure	DANIELI	LE C FOSS
to report an interest or divid that I am no longer subject t	lends, or the Internal Revenue Service has notified me o backup withholding.	31 X	
Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.			
	perjury the statements checked in this section and luding a U.S. posidous allen).	41 X	
x C	(Date)		
*SMILE PRO DIRE	ET LLC	Other Terms/Inform	ation/Special Instructions/Beneficiary Designation
For Bank's Use Only			
	Replacement Additional*		
	*Prior Signature Card Date		·
Checking [	Savings		
	Orig	ination	

Signature Card / Business Depository Account Agreement 3/31/2014

Page I of I

APPOINTMENT OF SIGNERS		
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for		
Names	Names	Names
1. JENNIFER ANN JOHNSON	5.	9.
2. DANIELLE C FOSS	6.	10,
3.	7.	11.
4.	8.	12.
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.  All signers shall have the ability to possess a Visa Check Card or Debit Card for the Account.  This form shall have no effect on any existing Business Depository Resolutions for the Customer.  This form shall have no effect on any Appointment of Business Cardholders for the Account.  Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.  I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.  The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference		
The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.		
*The individual(s) listed helow shall h	Signers Removed*  be removed from the Account regardless of w	hether they are listed above as a Signer.
1.	5.	9,
2.	6.	10.
3.	7.	11.
4.	8.	12.
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of		
Name of Authorized Representative		

	CERTIFICATION OF BUS	INESS DEPOSITORY RESOLUTION
l,	esua s and present (C (the "Custo	undersigned, hereby certify that I am a duly authorized representative of mer"), which is a <u>Limited Liability Company</u> existing under the laws of
	ate of Arizona under taxpayer identifi	
board the Ct	of directors or other governing body or persons who astomer:	signature and that the following resolutions have been approved by the se approval is necessary to make these resolutions effective on behalf of
may b	e deposited; and	ank") is designated as a depository in which the funds of the Customer
the te incorp author below "Agre-	rms and conditions of the Bank's Commercial Deporated herein by this reference and hereby approving to make advances of credit to prevent overdraft, acting alone, may execute on behalf of the Custo tements") with the Bank as the Authorized Representation of such Agreements in electronic form and the Custonic form and the Custoni	") opened on behalf of the Customer shall be governed by and subject to posit Agreement (the "Deposit Agreement"), the terms of which are yed and agreed to on behalf of the Customer; (ii) the Bank is hereby its on the Account; (iii) any of the Authorized Representatives identified order such further documents, instruments and agreements (collectively entative deems necessary or appropriate; (iv) the Bank may maintain a comer agrees that a copy produced from such electronic form or by any esimile) shall in all respects be considered equivalent to an original; and
Appo	intment of Authorized Representatives	
RESC and th	N VED, that the following individual(s) are hereby	designated as "Authorized Representatives" with respect to the Account e, shall have the power and authority of an Authorized Representative as
Names Names		Names
1. Jep	inifer ann Johnson	5.
2. DANIELLE C FOSS		6.
3.		7.
4.		8.
The (	Customer further resolves that:	
1.	Any and all Authorized Signers, whether appointed and to draw checks, drafts or other orders for the pa orders on the Account.	d now or in the future, shall have the authority to: (i) make withdrawals syment of money on the Account; and (ii) to issue or cancel stop payment
2.	Authorized Signers shall not have the authority to n	nake any changes or modifications to the Account.
3,	The appointments of Authorized Representatives ar receives a written notice of revocation, which is sa thereon.	nd Authorized Signers shall remain in full effect and force until the Bank alisfactory to the Bank, and the Bank has a reasonable opportunity to act
4.	These depository resolutions (the "Resolutions") shof revocation, which is satisfactory to the Bank, and	all continue in full force and effect until the Bank receives written notice if the Bank has a reasonable opportunity to act thereon.
5.	These Resolutions revoke any and all previous depo	
6.	These Resolutions do not revoke any previous Appr	
7.	These Resolutions do not revoke any previous Appe	
8.	and a state of and areas that the Doub when donline with any of those porcore	

Origination 435495

persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue

of the authority herein given.

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer,

although two signatures may not be required. If additional signatures are needed please contact your Bank representative.

David Goldstone		
	Signature Card / Business D	epository Account Agreement
Proto turn and basel. If some hard	m downers in the same resit asset common or their trials	nnk Southwest, First Notional Bask Frement, First National Bank North Platte and Costle Bank. These are all the National Bank of Omaha, thoso deposits are added together and insured in occordance with the regulations of the
ederal Deposit Insurance Corpora	tion (the "FDIC"), they are not separately above	Date: 02/20/2015
Account Number:	SKINNYIQ LLC	
Account Title:	DANIELLE C FOSS	
Address:	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 8	5258
Phone:		the basis of the second second second second second second second second to provide
IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain so one or more forms of identification to fulfill this requirement. In some instances we may use privacy policy and federal law.		surricent information to very your identity. The information you provide is protected by our se outside sources to confirm the information. The information you provide is protected by our
Owner/Signer Informati		Owner/Signer Information 2
Name	DANIELLE C FOSS	Name
Relationship/Role	Authorized Rep/Signer	Relationship/Role
Address	THORNTON, CO 80602	Address
Birth Date	1984	Birth Date
SSN/TIN	XXX-XX-8082	SSN/TIN
Owner/Signer Informati	on 3	Owner/Signer Information 4
Name		Name
Relationship/Role		Relationship/Role
Address		Address
Birth Date		Birth Date
SSN/TIN		SSN/TIN
Non-Individual Owner I	nformation	Signatures
Name	*SKINNYIQ LLC	First National Bank of Oreaha is authorized to recognize any of the signatures and facsimile specimens affixed for payment of funds or the transaction of any business for this account. The
SSN/TIN	80-0804453	depositor agrees to be bound by all regulations of the Bank, including but not limited to, the Commercial Deposit Agreement and Disclosure (or Certificate of Deposit) and consents and
Type of Entity	Limited Liability Company	I were to engine with Rank by electronic means. Customer understands that Bank may
State/Country	Arizona	maintain a copy of this signature card in electronic form and agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, brage or
Address	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 85258	facsimiles shall in all respects be considered equivalent to an original. This account is governed by the latest complete depository resolution flied with the Bank.
Back-up Withholding C	ertifications	1/00/20
(If not a "U.S. Person," certify foreign status separately.)		1] X DANIET E COSS
TIN: 80-0804453		DAMIELE Cross
I certify under penalties of	f perjury:	
1. The number shown	above is the correct taxpayer identification number, and backup withholding because (a) I am exempt from back-up	2] X
the state of the s	t have one been myllion by the internal Resenue servace the	
that I am subject to or dividends, or (c)	backup withholding as a result of a failure to report all interest the IRS has notified me that I am no longer subject to backup	3] X
withholding, and 3. Jam a U.S. person (I	including a U.S. resident alian), and	
A Lam everant from Foreign Account Tax Compliance Act (FATCA) reporting.		
Certification instructions. You must cross out item 2 above If you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. Additional instructions from the IRS		
are available upon request.		
The IRS does not require your consent to any provision of this document other than the cartifications required to avoid brickup withholding.		
× Date:		To all house of the Manufalous Production
*SKINNYIQ LLC	7	Other Terms/Information/Special Instructions/Beneficiary Designation
For Bank's Use Only		
□ New	Replacement Additional*  *Prior Signature Card Date	
☐ Checking	Savings Certificate of Deposit	
		gination 62459 Page 1 of 1

Signature Card / Business Depository Account Agreement - 16Nov2014

Page 1 of 1

APPOINTMENT OF SIGNERS		
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for		
Names	Names	Names
1. DANIELLE C FOSS	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.  All signers shall have the ability to possess a Visa Check Card or Debit Card for the Account.  This form shall have no effect on any existing Business Depository Resolutions for the Customer.  This form shall have no effect on any Appointment of Business Cardholders for the Account.  Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.  I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.  The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated berein by this reference  The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.		
	Signers Removed*	
*The individual(s) listed below shall be removed from the Account regardless of whether they are listed above as a Signer.		
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of		

APPOINTMENT OF SIGNERS 19MAR2013

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION			
l,	*SKINNYIOLLC (the "Customer"),	signed, hereby certify that I am a duly authorized representative of which is a <u>Limited Liability Company</u> existing under the laws of	
	ate of Arizona under taxpayer identification	<del></del> "	
board	I further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on behalf of the Customer:		
	RESOLVED, that First National Bank of Omaha (the "Bank") is designated as a depository in which the funds of the Customer may be deposited; and		
RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and			
Арро	Intment of Authorized Representatives		
RESOLVED, that the following individual(s) are hereby designated as "Authorized Representatives" with respect to the Account and that each such Authorized Representative, acting alone, shall have the power and authority of an Authorized Representative as referenced in the Deposit Agreement:			
Name	s	Names	
1. DA	1. DANIELLE C FOSS 5.		
2.		6.	
3.	3. 7.		
4.		8.	
The C	Customer further resolves that:		
1. Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) make withdrawals and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment orders on the Account.			
2,	the state of the s		
3.	<ol> <li>The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.</li> </ol>		
4.	and the state of t		
5.	the state of the s		
6.	and the second s		
7.	These Resolutions do not revoke any previous Appointment		
8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue			

Origination

662459

of the authority herein given.

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certification	ate as of <u>02/20/2015</u> .
·	$\bigcap \Omega \cap A$
DANIELLE C FOSS	
Name	\$ignature*
AUTHORIZED REP/SIGNER	,
Title	
Name	Signature*
Title	

<sup>\*</sup> Number of signatures required is dependent upon Customer's organizational requirements. Space is provided for up to two (2) signatures although two signatures may not be required. If additional signatures are needed please contact your Bank representative.

Origination 662459

697 David Goldstone		
Signature Card / Business Depository Account Agreement  First National Bank of Omaha bas divisions that operate under the names First National Bank Southwest, First National Bank Fremont, First National Bank North Platte and Castle Bank. These are all the		
same FDIC-insured bank. If you have	risions that operate under the human rust nutrous came was necessariand deposits in the same right and capacity at more than one division of First on (the "FDIC"), they are not separately insured.	National Bank of Omahe, those deposits are added together and insured in accordance with the regulations of the
Account Number:	6697	Date: 02/20/2015
Account Title:	DENTAL PRO AT HOME LLC DANIELLE C FOSS	
Address:	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, A2 8	5258
Phone:		
A CONTRACT OF THE CONTRACT INCOME ATTOM: Endored low complete us to obtain		sufficient information to verify your identity. You may be asked several questions and to provide se outside sources to confirm the information. The information you provide is protected by our
Owner/Signer Informatio		Owner/Signer information 2
Name	DANIELLE C FOSS	Name
Relationship/Role	Authorized Rep/Signer	Relationship/Role
Address	THORATON, CO 80602	Address
Birth Date	1984	Birth Date
SSN/TIN	XXX-XX-8082	SSN/TIN
Owner/Signer Informatio	n 3	Owner/Signer Information 4
Name		Name
Relationship/Role		Relationship/Role
Address		Address
Birth Date		Birth Date
SSN/TIN		SSN/TIN
Non-Individual Owner Im	formation	Signatures
Name	*DENTAL PRO AT HOME LLC	First National Bank of Omaha is authorized to recognize any of the signatures and factimile
SSN/TIN	45-5142921	specimens affixed for payment of funds or the transaction of any business for this account. The depositor agrees to be bound by all regulations of the Bank, including but not limited to, the
Type of Entity	Limited Liability Company	Commercial Deposit Agreement and Disclosure (or Certificate of Deposit) and consents and agrees to contract with Bank by electronic means. Customer understands that Bank may
State/Country	Arizona	maintain a copy of this signature card in electronic form and agrees that a copy produced from
	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 85258	such electronic form or by any other reliable means (for exunaple, photocopy, Image or facsimile) shell in all respects be considered equivalent to an original. This account is governed
Address		by the latest complete depository resolution filed with the Bank.
Back-up Withholding Certifications		1) X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(If not a "U.S. Person," certify foreign status separately.)		DANIECLE C FOSS
TIN: 45-5142921		V
I certify under penalties of page 1. The number shown ab	erjury: ove is the correct taxpayer identification number, and	2] X
2. Lam ant subject to b	aciono withholding because (a) I am exempt from back-up	
withholding, or (b) I h	ave not been notified by the internal Revenue Service (IRS) ickno withholding as a result of a fallure to report all interest	
or dividends, or (c) th	RS has notified me that I am no longer subject to backup	31 X
withholding, and 3. I am a U.S. person (inc	luding a U.S. resident allen), and	
4. i am exempt from Fore	eign Account Tax Compliance Act (FATCA) reporting.	
Certification instructions. Yo	ou must cross out item 2 above if you have been notified by	4) X
the IRS that you are currently subject to backup withholding because you have felled to report all interest and dividends on your tax return. Additional instructions from the IRS are available upon request.		
The IRS deer not require your eignsent to any provision of this document other than the		
certifications required to avo	ld backup withholding.  Date:	
*DENTAL PRO AT HO	0 4	Other Terms/Information/Special Instructions/Beneficiary Designation
For Bank's Use Only New	Replacement	
<del>                                   </del>	*Prior Signature Card Date	
☐ Checking ☐	Savings Certificate of Deposit	·
	Origi	nation
	66	2459 Page 1 of i

Signature Card / Business Depository Account Agreement - 16Nov2014

Page 1 of 1

APPOINTMENT OF SIGNERS		
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for		
Names	Names	Names
1. DANIELLE C FOSS	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.  All signers shall have the ability to possess a Visa Check Card or Debit Card for the Account.  This form shall have no effect on any existing Business Depository Resolutions for the Customer.  This form shall have no effect on any Appointment of Business Cardholders for the Account.  Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.  I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.  The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference		
The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.		
*The individual(s) listed below shall be removed from the Account regardless of whether they are listed above as a Signer.		
1.	5.	9.
2.	6.	10.
3,	7.	11.
4.	8.	12.
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of		

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION			
l furth	the "Customer"),  ate of Arizona under taxpayer identification  are certify that I hold the office indicated next to my signal	signed, hereby certify that I am a duly authorized representative of which is a Limited Liability Company existing under the laws of number 45-5142921  ture and that the following resolutions have been approved by the	
the Cu	stomer:	roval is necessary to make these resolutions effective on behalf of	
	RESOLVED, that First National Bank of Omaha (the "Bank") is designated as a depository in which the funds of the Customer may be deposited; and		
RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and			
Appol	intment of Authorized Representatives		
RESOLVED, that the following individual(s) are hereby designated as "Authorized Representatives" with respect to the Account and that each such Authorized Representative, acting alone, shall have the power and authority of an Authorized Representative as referenced in the Deposit Agreement:			
Name	\$	Names	
1. DAI	DANIELLE C FOSS 5.		
2.	2. 6.		
3.		7.	
4.		8.	
The Customer further resolves that:			
<ol> <li>Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) make withdrawals and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment orders on the Account.</li> </ol>			
2.	2. Authorized Signers shall not have the authority to make any changes or modifications to the Account.		
<ol> <li>The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.</li> </ol>			
4. These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank receives written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.			
5.	5. These Resolutions revoke any and all previous depository resolutions for the Account.		
6.	the same of the sa		
7.	7. These Resolutions do not revoke any previous Appointment of Business Cardholders,		
8.	3. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons		

Origination 662459

herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue

of the authority herein given.

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records. Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

	IN WITNESS WHEREOF, I have signed this Certificate as of		
	DANIELLE C FOSS Name	. Signature*	
	AUTHORIZED REP/SIGNER	,	
:	Tite		
	1		
ĺ	Name	Signature*	
	Title		
	* Number of signatures required is dependent upon Customer's orga- although two signatures may not be required. If additional signatures	nizational requirements. Space is provided for up to two (2) signatures are needed please contact your Bank representative.  Printed Date: 02, 2022.11.	

2 of 2

I, Danielle C Foss the undersigned, hereby certify that I am a duly authorized representative of DENTAL PRO AT HOME LLC (the "Customer"), which is a LLC existing under the laws of the State of ARIZONA under taxpayer identification number 45-5142921.

I further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the board of directors or other governing body or persons whose approved is necessary to make these resolutions effective on behalf of the Customer:

RESOLVED, that First National Bank of Omaha\* (the "Bank") is designated as a depository in which the funds of the Customer may be deposited; and

RESOLVED, that: (1) deposit account #43156734 (the "Account") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (II) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (III) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (v) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and

RESOLVED, that: (I) various services provided to Customer by Bank shall be governed by and subject to the terms and conditions of the Bank's Terms and Conditions for Corporate Treasury Services to which SPARK WHITENING LLC (the "Pareit") is a party and all relevant Attachments thereto, as amended from time to time (the "Master Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; and (II) Parent is hereby authorized to identify Customer as a Sponsored Entity referenced in the Master Agreement, to request and larrange for services from Bank on Customer's behalf and bind Customer to the terms of the Master Agreement; and

# Appointment of Authorized Representatives

RESOLVED, that the following individual(s) are hereby designated as "Authorized Representatives" with respect to the Account and that each such Authorized Representative, acting alone, shall have the power and authority of an Authorized Representative as referenced in the Deposit Agreement:

Names	Names
1. DANIELLE C FOSS	5.
2.	6.
3.	7.
4.	8.

### The Customer further resolves that

- 1. Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) flake withdrawais and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment orders on the Account.
- 2. Authorized Signers shall not have the authority to make any changes or modifications to the Account.
- 3. The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.
- 4. These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank receives written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act illereon.
- 5. These Resolutions revoke any and all previous depository resolutions for the Account.
- 6. These Resolutions do not revoke any previous Appointments of Signers.
- 7. These Resolutions do not revoke any previous Appointment of Business Cardholders.

\* First National Bank of Omeha has divisions that operate under the names First National Bank of Omeha, First National Bank of Colorado, First National Bank for National Bank North Plane and Castle Bank.

National Bank lova, First National Bank of Kansas, First National Bank Southwest, First National Bank Fremont, First National Bank North Plane and Castle Bank.

Sponsored Entity Account Specific Depository Resolution 31March2014

Page 1 of 2 Confidential

- 8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue of the authority herein given.
- 9. Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover Items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may relyippon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act im behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certificate as of March 12015.

Danielle C Foss

Name

Signature\*

Name

Signature\*

Name

Signature\*

\* Number of signatures required is dependent upon Customer's organizational requirements. Space is provided for up to two (2) signatures although two (2) signatures may not be required. If additional signatures are needed please contact your bank representative.

Sponsored Entity Account Specific Depository Resolution 31March2014

Page 2 of 2

6718 David Goldstone			
Signature Card / Business Depository Account Agreement			
ist National Bank of Omains has divisions that operate under the names First National Bank, First National Bank Southwest, First National Bank Fremont, First National Bank Rorth Platte and Castle Bank. Those are all the ome FDIC-Insured bank. If you have deposits in the same right and capacity at more than one division of First National Bank of Omains, those deposits are added together and insured in accordance with the regulations of the oderal Deposit insurance Corporation (the "FDIC"), they are not separately insured.			
Account Number:	5718 Oate: 02/20/2015		
Account Title:	BELLA AT HOME LLC DANIELLE C FOSS		
Address:	AT 7702 E DOUBLETREE RANCH RO SCOTTSDALE, AZ 8	5258	
Phone:			
IMPORTANT ACCOUNT O one or reore forms of identifi privacy policy and federal law	cation to fulfill this requirement. In some instances we may u	sufficient information to verify your identity. You may be asked several questions and to provide a squared to provide a squared to provide the information. The information you provide is protected by our squared to provide the provided the provided to provide the provided the provided to provide the provided	
Owner/Signer Informatio	· · · · · · · · · · · · · · · · · · ·	Owner/Signer information 2	
Name	DANIELLE C FOSS	Name	
Relationship/Role	Authorized Rep/Signer	Relationship/Role	
Address	THORNTON, CO 80602	Address	
Birth Date	/1984	Birth Date	
SSN/TIN	XXX-XX-8082	SSN/TIN	
Owner/Signer Informatio	n 3	Owner/Signer Information 4	
Name		Name	
Relationship/Role		Relationship/Role	
Address		Address	
Sirth Date		Birth Date	
SSN/TIN		SSN/TIN	
Non-Individual Owner In	formation	Signatures	
Name	*BELLA AT HOME LLC	First National Bank of Omeha is authorized to recognize any of the signatures and facsimile specimens affixed for payment of funds or the transaction of any business for this account. The	
SSN/TIN	35-2448818	depositor agrees to be bound by all regulations of the Bank, including but not limited to, the	
Type of Entity	Limited Liability Company	Commercial Deposit Agreement and Disclosure (or Certificate of Deposit) and consents and agrees to contract with Bank by electronic means. Customer understands that Bank may	
State/Country	Arizona	maintain a copy of this signature card in electronic form and agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or	
Address	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 85258	facsimile) shall in all respects be considered equivalent to an original. This account is governed by the latest complete depository resolution filed with the Bank.	
Back-up Withholding Cer		1 Ja Osk	
(if not a "U.S. Person," certif)	foreign status separately.)	DANIFHE CFOSS	
TIN: 35-2448818		,	
I certify under penalties of p	erjurys	-1 H	
<ol> <li>The number shown ab</li> <li>I am not subject to b</li> </ol>	ove is the correct taxpayer identification number, and sackup withholding because (a) I am exempt from back-up	2) X	
f withholding or (b) I b	ove not been notified by the internal Revenue Service (IRS)		
that I am subject to be or dividends, or (c) th withholding, and	ckup withholding as a result of a failure to report all interest e IRS has notified me that I am no longer subject to backup	8] X	
	luding a U.S. resident alien), and		
4. I am exempt from Fore	eign Account Tax Compliance Act (FATCA) reporting.	an w	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. Additional instructions from the IRS		4) X	
are available upon request. The IRS does not require yo	ur consent to any provision of this document other than the		
certifications/required to ay	old backup withholding.  Date:		
*BETTA AT HOME LI	<u>//\</u>	Other Terms/Information/Special Instructions/Beneficiary Designation	
For Bank's Use Only	Repiscement Additional* *Prior Signature Card Date		
Charles -			
Checking _		nation	
		2459 Page 1 of 1	

Signature Card / Business Dapository Account Agreement - 16Nov2014

Page 1 of 1

APPOINTMENT OF SIGNERS			
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for			
(the "Account"):			
Names	Names	Names .	
1. DANIELLE C FOSS	5.	9.	
2.	6.	10.	
3.	7.	11. 0	
4.	8.	12.	
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.  All signers shall have the ability to possess a Visa Check Card or Debit Card for the Account.  This form shall have no effect on any existing Business Depository Resolutions for the Customer.  This form shall have no effect on any Appointment of Business Cardholders for the Account.  Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.  I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.  The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference  The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.			
	D		
*The individual(s) listed below shall	Signers Removed* be removed from the Account regardless of v	whether they are listed above as a Signer.	
1.	5.	9.	
2.	6.	10.	
3.	7.	11.	
4.	8.	12,	
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of			
Name of Authorized Representative		Signature	

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION					
	te of Arizona under taxpa	the undersigned, hereby certify that I am a duly authorized representative of the "Customer"), which is a Limited Liability Company existing under the laws of yer identification number 35-2448818 .			
board of the Cus	further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on behalf of the Customer:				
may be	deposited; and	na (the "Bank") is designated as a depository in which the funds of the Customer			
incorpo authori below, "Agree	RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and				
Appoi	ntment of Authorized Representative	S			
RESOI and tha	LVED that the following individual(s) as	re hereby designated as "Authorized Representatives" with respect to the Account cting alone, shall have the power and authority of an Authorized Representative as			
Names		Names			
1. DAN	NIELLE C FOSS	5.			
2.		6.			
3.		7.			
4.		8.			
The C	ustomer further resolves that:				
	<ol> <li>Any and all Authorized Signers, whether appointed now or in the future, shall have the authority to: (i) make withdrawals and to draw checks, drafts or other orders for the payment of money on the Account; and (ii) to issue or cancel stop payment orders on the Account.</li> </ol>				
		hority to make any changes or modifications to the Account.			
2	The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank				

- The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank
  receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act
  thereon.
- 4. These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank receives written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.
- 5. These Resolutions revoke any and all previous depository resolutions for the Account.
- 6. These Resolutions do not revoke any previous Appointments of Signers.
- 7. These Resolutions do not revoke any previous Appointment of Business Cardholders.
- 8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue of the authority herein given.

Origination 662-159

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certificate as o	of <u>027002015</u>
DANIELLE C FOSS	<u> </u>
Name	Signature*
	1
AUTHORIZED REP/SIGNER	
Title	
Name	- Signature*
	•
Title	
* Number of signatures required is dependent upon Customer's c although two signatures may not be required. If additional signatu	organizational requirements. Space is provided for up to two (2) signatures res are needed please contact your Bank representative.  Provided France: Provided France: Provided for up to two (2) signatures

6726		David Goldstone	
· · · · · · · · · · · · · · · · · · ·	Signature Card / Business Depository Account Agreement		
First National Bank of Ornaha has divisions that operato under the names First National Bank, First National Bank Southwest, First National Bank Fermont, First National Bank North Platte and Castic Bank, These are all the same FDC-Insured bank. If you have deposits in the same right and especify at more than one division of First National Bank of Ornaha, those deposits are added together and insured in accordance with the regulations of the reduced bank. If you have deposite in the same right and especify at more than one division of First National Bank of Ornaha, those deposits are added together and insured in accordance with the regulations of the reduced bank.			
Account Number:	tion (the "FDIC"), they are not esparately insured.  Date: 02/20/2015		
Account Title:	CIRCLE OF YOUTH SKINCARE LLC		
Product (1010-	british a 1000		
Address:	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ	85258	
Phone:			
one or more forms of iden	tification to fulfill this requirement. In some instances we may	n sufficient information to verify your identity. You may be asked several questiom and to provide use outside sources to confirm the information. The information you provide is protected by our	
privacy policy and federal a Owner/Signer Informat	<del></del>	Owner/Sigger Information 2	
Name	DANIELLE C FOSS	Name	
Relationship/Role	Authorized Rep/Signer	Relationship/Role	
Address	FHORNTON, CO 80602	Address	
Audiess			
Birth Date	1984	Birth Date	
SSN/TIN	XXX-XX-8082	SSN/TIN	
Owner/Signer Informat	tion 3	Owner/Signer information 4	
Name		Name	
Relationship/Role		Relationship/Role	
Address		Address	
Birth Date		Birth Date	
SSN/TIN		SSN/TIN	
Non-individual Owner	information	Signatures	
Name *CIRCLE OF YOUTH SKINCARE LLC		First National Bank of Ornaha is authorized to recognize any of the signatures and fucsimile specimens affixed for payment of funds or the transaction of any business for this account. The	
SSN/TIN	45-5142719	depositor agrees to be bound by all regulations of the Bank, including but not limited to, the Commercial Deposit Agraement and Disclosure (or Certificate of Deposit) and consents and	
Type of Entity Limited Liability Company		agrees to contract with Bank by electronic means. Customer understands that Bank may maintain a copy of this signature card in electronic form and agrees that a copy produced from such electronic form or by any other refiable means (for example, photocopy, image or	
State/Country Arizona			
Address	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 85258	facsimile) shall in all respects be considered equivalent to an original. This account is governed by the latest complete depository resolution filed with the Bank.	
Back-up Withholding C		1 100 H	
(If not a "U.S. Person," cert	ffy foreign status separately.)	DANIFITE CFOSS	
TIN: 45-5142719		/	
I certify under penalties of		m v	
2. I am not subject to	above is the correct taxpayer identification number, and back-up withholding because (a) I am exempt from back-up	2] X	
withholding, or (b)	have not been notified by the Internal Revenue Service (IRS) backup withholding as a result of a failure to report all interest		
or dividends, or (c)	the IRS has notified me that I am no longer subject to backup	3) X	
withholding, and 3. iama U.S. person (i	ncluding a U.S. resident alien), and		
	reign Account Tax Compliance Act (FATCA) reporting.		
Certification instructions.	You must cross out item 2 above if you have been notified by	4] X	
the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tex return. Additional instructions from the IRS			
are available upon request.			
The IRS does not require your sonsent to any provision of this document other than the certifications requires to provide acknowlthholding.			
X Date:			
*CIRCLE OF YOUTI	H SKINCARE LLC	Other Terms/Information/Special Instructions/Beneficiary Designation	
For Bank's Use Only	C Baulannatt		
New I	Replacement Additional*  *Prior Signature Card Date		
Checking [	Savings Certificate of Deposit		
L CICCONIS E		nation	
	952459		

APPOINTMENT OF SIGNERS			
1, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for CIRCLE OF YOUTH SKINCARE LLC (the "Customer") which was executed on			
(the "Account"):  Names Names Names			
1. DANIELLE C FOSS	5.	9.	
2.	6.	10.	
3.	7.	11.	
4.	8,	12.	
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.  All signers shall have the ability to possess a Visa Check Card or Debit Card for the Account.  This form shall have no effect on any existing Business Depository Resolutions for the Customer.  This form shall have no effect on any Appointment of Business Cardholders for the Account.  Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.  I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.  The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference.			
	V	A PORT OF PROPERTY OF THE PROP	
#The individual(s) listed below shall h	Signers Removed* a removed from the Account regardless of when the Account regardless of which the second regardless of the second re	nether they are listed above as a Sioner.	
1. He maradanas instead delow similar	5.	9.	
2.	6.	10.	
3.	7.	11.	
4,	8.	12.	
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of			

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION			
I furth board the Ci	the undersigned, hereby certify that I am a duly authorized representative of   CIRCLE OF YOUTH SKINCARELLC (the "Customer"), which is a Limited Liability Company existing under the laws of  the State of Arizona under taxpayer identification number 45-5142719  further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the poard of directors or other governing body or persons whose approval is necessary to make these resolutions effective on behalf of the Customer:		
		s designated as a depository in which the funds of the Customer	
RESO the te incorp autho below "Agre copy other	ESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to be terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are accorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby atthorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified elow, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a opy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any their reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and		
Appo	intment of Authorized Representatives		
and th	DLVED, that the following individual(s) are hereby designate ach such Authorized Representative, acting alone, shall inced in the Deposit Agreement:	ated as "Authorized Representatives" with respect to the Account have the power and authority of an Authorized Representative as	
Name	\$	Names	
1. DA	NIELLE C FOSS.	5.	
2.		6.	
3.		7.	
4.		8.	
The (	Customer further resolves that:		
1.	and to draw checks, drafts or other orders for the payment orders on the Account.	or in the future, shall have the authority to: (i) make withdrawals of money on the Account; and (ii) to Issue or cancel stop payment	
2.	Authorized Signers shall not have the authority to make an		
3.	<ol> <li>The appointments of Authorized Representatives and Authorized Signers shall remain in full effect and force until the Bank receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.</li> </ol>		
4.	These depository resolutions (the "Resolutions") shall con of revocation, which is satisfactory to the Bank, and the Ba	tinue in full force and effect until the Bank receives written notice ank has a reasonable opportunity to act thereon.	
5.	These Resolutions revoke any and all previous depository	resolutions for the Account.	
6.	A A A A A A A A A A A A A A A A A A A		
7.	These Resolutions do not revoke any previous Appointme		
8.	and the state of t		

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- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

02/20/2015
( DU ASK
Signature*
Signature*
aithemic.
-

6734 David Goldstone				
Signature Card / Business Depository Account Agreement				
First National Bank of Omniba has divisions that operate undor the names First National Bank, First National Bank fouthwest, First National Bank Fremont, First National Bank Not Not National Bank Not National Bank Not National Bank Not National Bank Nati				
Account Number:	6734	Date: 02/20/2015		
Account Title:	SPARK WHITENING LLC DANIELLE C FOSS			
Address:	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ	85258		
Phone:				
	ification to fulfill this requirement. In some instances we may	n sufficient information to verify your identity. You may be asked several questions and to provide use outside sources to confirm the information. The information you provide is protected by our		
Owner/Signer Informati	on 1	Owner/Signer Information 2		
Name	DANIELLE C FOSS	Name		
Relationship/Role	Authorized Rep/Signer	Relationship/Role		
Address	THORNTON, CO 80802	Address		
Birth Date	1984	Birth Date		
SSN/TIN	XXX-XX-8082	SSN/TIN		
Owner/Signer Informati	on 3	Owner/Signer Information 4		
Name		Name		
Relationship/Role		Relationship/Role		
Address		Address		
Birth Date		Birth Date		
SSN/TIN		SSN/TIN SSN/TIN		
Non-Individual Owner In	nformation	Signatures		
Name	*SPARK WHITENING LLC	First National Bank of Omaha is authorized to recognize any of the signatures and facsimile specimens affixed for payment of funds or the transaction of any business for this account. The		
SSN/TIN	90-0869806	depositor agrees to be bound by all regulations of the Bank, including but not limited to, the		
Type of Entity	Limited Liability Company	Commercial Deposit Agreement and Disclosure (or Certificate of Deposit) and consents and agrees to contract with Bank by electronic means. Customer understands that Bank may		
State/Country	Arizona	mulnitain a copy of this signature card in electronic form and agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or		
Address	AT 7702 E DOUBLETREE RANCH RO SCOTTSDALE, AZ 85258	by the latest complete depository resolution filed with the Bank.		
Back-up Withholding Ce	rtifications	1 do Oska		
(if not a "U.S. Person," certif	y foreign status separately.)	1) X (1) (1) (1) (1) (1)		
TIN: 90-0869806		DARGELLES PUSS		
i certify under penalties of p	• •			
	ove is the correct taxpayer identification number, and backup withholding because (a) I am exempt from back-up	2] X		
withholding, or (b) I i	have not been notified by the internal Revenue Service (IRS)	·		
that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and		3] X		
~	luding a U.S. resident allen), and	·		
	eign Account Tax Compliance Act (FATCA) reporting.			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to		4] X		
report all interest and dividends on your tax return. Additional instructions from the IRS				
are available upon request. The IRS dogs not require your consent to any provision of this document other than the				
certifications required to about backup withholding.  X Date:				
*SPARK WHITENING LLC		Other Terms/information/Special instructions/Beneficiary Designation		
For Bank's Use Only		A		
	Replacement Additional*			
<b>.</b>	*Prior Signature Card Date			
☐ Checking ☐	Savings Certificate of Deposit			
	Origination 662459			

Signature Card / Business Depository Account Agreement - 16Nov2014

Page 1 of 1

APPOINTMENT OF SIGNERS		
I, the undersigned, being duly authorized by the Certification of Business Depository Resolutions for   **SPARK WHITENENGLIC** (the "Customer") which was executed on		
Names	Names	Names
1. DANIELLE C FOSS	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.  All signers shall have the ability to possess a Visa Check Card or Debit Card for the Account.  This form shall have no effect on any existing Business Depository Resolutions for the Customer.  This form shall have no effect on any Appointment of Business Cardholders for the Account.  Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.  I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.  The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference  The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.		
Signers Removed <sup>a</sup>		
*The individual(s) listed below shall be	e removed from the Account regardless of wi	nether they are listed above as a Signer.
1.	5.	9.
2,	6.	10.
3.	7.	11.
4.	8.	12,
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of		

APPOINTMENT OF SIGNERS 19MAR2013

Approved 321891 Blanch 3, 2015

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION		
I,	SPARK WHITENING LLC (the "Customer"),	signed, hereby certify that I am a duly authorized representative of which is a <u>Limited Liability Company</u> existing under the laws of
the St	ate of <u>Arizona</u> under taxpayer identification	number90-0869806
I further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on behalf of the Customer:		
RESOLVED, that Pirst National Bank of Omaha (the "Bank") is designated as a depository in which the funds of the Customer may be deposited; and		
RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and		
Арро	intment of Authorized Representatives	
RESOLVED, that the following individual(s) are hereby designated as "Authorized Representatives" with respect to the Account and that each such Authorized Representative, acting alone, shall have the power and authority of an Authorized Representative as referenced in the Deposit Agreement:		
Name	5	Names
1. DA	NIELLE C FOSS	5.
2.		6.
3.		7.
4.		8.
The C	ustomer further resolves that:	
1.	and to draw checks, drafts or other orders for the payment orders on the Account.	or in the future, shall have the authority to: (i) make withdrawals of money on the Account; and (ii) to issue or cancel stop payment
2.	Authorized Signers shall not have the authority to make an	
3,	at it is a second that the Bank	
4.	These depository resolutions (the "Resolutions") shall con- of revocation, which is satisfactory to the Bank, and the Ba	tinue in full force and effect until the Bank receives written notice ank has a reasonable opportunity to act thereon.
5.	These Resolutions revoke any and all previous depository	
6.	These Resolutions do not revoke any previous Appointments of Signers.	
7.	These Resolutions do not revoke any previous Appointment	
8.	8. The Customer and the undersigned expressly understand and agree that the Bank, when dealing with any of those persons herein authorized to act for the Customer, shall be entitled to accept the representations of such authorized person or persons, that the purpose of exercising the authority herein given is within the scope of the business of the Customer, and the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue	

1 of 2

of the authority herein given.

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (coffectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certifical	te as of
DANIELLE C FOSS	1700
Name	Signature*
AUTHORIZED REP/SIGNER	
Title	•
Name	Signature*
Title	

<sup>\*</sup> Number of signatures required is dependent upon Customer's organizational requirements. Space is provided for up to two (2) signatures although two signatures may not be required. If additional signatures are needed please contact your Bank representative.

Origination 662459

6750 David Goldstone				
Signature Card / Business Depository Account Agreement				
First National Bank of Omain has divisions that operate under the names First National Bank, First National Bank Southwest, First National Bank Frement, First National Bank Nath Platte and Castle Bank. These are all the same FDIC-insured bank. If you have deposits in the same right and capacity at more than one division of First National Bank of Omain, those deposits are added together and insured in accordance with the regulations of the Federal Unposit Insurence Corporation (the "FDIC"), they are not separately insured.				
Account Number:	6750	Date: 02/20/2015		
Account Title:	BLIZZARD WHITE LLC DANIELLE C FOSS			
Address:	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ	85258		
Phone:				
	ntification to fulfill this requirement. In some instances we may	n sufficient information to verify your identity. You may be asked several questions and to provide use outside sources to confirm the information. The information you provide is protected by our		
Owner/Signer Informa	tion 1	Owner/Signer Information 2		
Name	DANIELLE C FOSS	Name		
Relationship/Role	Authorized Rep/Signer	Relationship/Role		
Address	THORNTON, CO 80602	Address		
Birth Date	1984	Birth Date .		
SSN/TIN	XXX-XX-8082	SSN/TIN		
Owner/Signer Informa	tion 3	Owner/Signer Information 4		
Name		Name		
Relationship/Role	.+	Relationship/Role		
Address		Address		
Birth Date		Birth Date		
SSN/TIN		SSN/TIN		
Non-Individual Owner	information	Signatures		
Name	*BUZZARD WHITE LLC	First National Bank of Omaha is authorized to recognize any of the signatures and facsimile		
SSN/TIN	45-4890928	specimens affixed for payment of funds or the transaction of any business for this account. The depositor agrees to be bound by all regulations of the Bank, including but not limited to, the		
Type of Entity	Limited Liability Company	Commercial Daposit Agreement and Disclosure (or Certificate of Deposit) and consents and agrees to contract with Bank by electronic means. Customer understands that Bank may		
State/Country	Arizona	maintain a copy of this signature cord in electronic form and agrees that a copy produced from		
Address	AT 7702 E DOUBLETREE RANCH RD SCOTTSDALE, AZ 85258	such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivelent to an original. This account is governed by the latest complete, depository resolution filed with the Bank.		
Back-up Withholding C	ertifications	1 200-1		
(if not a "U.S. Person," cen	tify foreign status separately.)	11 X ( )		
TIN: 45-4890928		DANIELLE C FOSS ' ' /		
I certify under penalties o				
	above is the correct tempayer identification number, and backup withholding because (a) I am exempt from back-up	2] X		
withholding, or (b)	I have not been notified by the internal Revenue Service (IRS)	·		
	backup withholding as a result of a failure to report all interest the IRS has notified me that I am no longer subject to backup	э) х		
	ncluding a U.S. resident allen), and			
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.				
Cortification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Additional instructions from the IRS		41 X		
are evaluable upon request	t. your consent to any provision of this document other than the			
certifications required to				
x				
*BUZZÁRÓ WHITE LLC		Other Terms/Information/Special Instructions/Beneficiary Designation		
For Bank's Use Only				
□ New	Replacement Additional*			
Constant -	*Prior Signature Card Date			
☐ Checking	Savings Certificate of Deposit	nation		
Origination 662459				

Signature Card / Business Depository Account Agreement - 16Nov2014

Page 1 of 1

	APPOINTMENT OF SIGNERS	
*BLIZZARD WHITE LLC	uuthorized by the Certification of(the "Customer") which was execute Authorized Signers (hereinafter the "Signers"	d on02/23/2015, hereby nominate
(the "Account"):	THE CONTROL OF THE STATE OF THE	) ioi abboult ii
Names	Names	<u>Names</u>
1. DANIELLE C FOSS	5.	9.
2.	6.	10.
3.	7.	11,
4.	8.	12.
The aforementioned appointments shall remain in full effect and force until First National Bank of Omaha (the "Bank") receives a written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.  This form revokes any and all previous Appointments of Signers for the Account. As such, all previously appointed signers for the Account are hereby removed.		
All signers shall have the ability to posses	s a Visa Check Card or Debit Card for the	Account.
This form shall have no effect on any exist	ng Business Depository Resolutions for the O	Customer,
This form shall have no effect on any Appo	intment of Business Cardholders for the Acc	ount.
Should the Bank agree and deem it acceptable, a signed copy of this Appointment of Signers may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, documents, signatures or authorizations obtained through such electronic means as though they were an original.		
I understand that the Bank may maintain a copy of this document in electronic form and I agree that a copy produced from such electronic form or by any other reliable means shall in all respects be considered equivalent to an original.		
The Customer understands and agrees that the Account shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement, the terms of which are incorporated herein by this reference		
The Bank reserves the right to reject, or not accept, this Appointment of Signers for any reason.		
Signers Removed*  *The individual(s) listed below shall be removed from the Account regardless of whether they are listed above as a Signer.		
1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.
I certify that my authority with regard to the Account has not been revoked or modified in any way.  IN WITNESS WHEREOF, I have signed this Appointment of Signers as of		
DANIELLE C FOSS Name of Authorized Representative Signature		

CERTIFICATION OF BUSINESS DEPOSITORY RESOLUTION

Approved 32:891 March 3, 2015

I,		signed, hereby certify that I am a duly authorized representative of	
		, which is aLimited Liability Company existing under the laws of	
the S	ate of Arizona under taxpayer identification	number 45-4890928 .	
I further certify that I hold the office indicated next to my signature and that the following resolutions have been approved by the board of directors or other governing body or persons whose approval is necessary to make these resolutions effective on behalf of the Customer:			
RESOLVED, that First National Bank of Omaha (the "Bank") is designated as a depository in which the funds of the Customer may be deposited; and			
RESOLVED, that: (i) all deposit accounts (the "Accounts") opened on behalf of the Customer shall be governed by and subject to the terms and conditions of the Bank's Commercial Deposit Agreement (the "Deposit Agreement"), the terms of which are incorporated herein by this reference and hereby approved and agreed to on behalf of the Customer; (ii) the Bank is hereby authorized to make advances of credit to prevent overdrafts on the Account; (iii) any of the Authorized Representatives identified below, acting alone, may execute on behalf of the Customer such further documents, instruments and agreements (collectively "Agreements") with the Bank as the Authorized Representative deems necessary or appropriate; (iv) the Bank may maintain a copy of such Agreements in electronic form and the Customer agrees that a copy produced from such electronic form or by any other reliable means (for example, photocopy, image or facsimile) shall in all respects be considered equivalent to an original; and			
Appo	Intment of Authorized Representatives		
and th		ated as "Authorized Representatives" with respect to the Account I have the power and authority of an Authorized Representative as	
Name	5	Names	
1. DA	NIELLE C FOSS	5.	
2,		6.	
3.		7.	
4.		8.	
The C	ustomer further resolves that:		
1.	Any and all Authorized Signers, whether appointed now and to draw checks, drafts or other orders for the payment orders on the Account.	or in the future, shall have the authority to: (i) make withdrawals of money on the Account; and (ii) to issue or cancel stop payment	
2.	Authorized Signers shall not have the authority to make an	y changes or modifications to the Account.	
3.			
4.	These depository resolutions (the "Resolutions") shall continue in full force and effect until the Bank receives written notice of revocation, which is satisfactory to the Bank, and the Bank has a reasonable opportunity to act thereon.		
5.	These Resolutions revoke any and all previous depository resolutions for the Account.		
6.	These Resolutions do not revoke any previous Appointments of Signers.		
7.	These Resolutions do not revoke any previous Appointment	nt of Business Cardholders.	
8.	herein authorized to act for the Customer, shall be enti	and agree that the Bank, when dealing with any of those persons the to accept the representations of such authorized person or in given is within the scope of the business of the Customer, and	

the Bank shall be under no obligation to make any inquiries in order to verify or confirm any of said representations nor see the application of the Customer's funds for the purposes so represented, and further that the Bank shall in no way be responsible for misapplication of the Customer's funds or other property so acquired, encumbered or disposed of by virtue

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of the authority herein given.

- Authorized Representatives may authorize and enroll in certain overdraft protection products and services on behalf of the Customer. Those products and services may cover items authorized or drawn on the account by Authorized Representatives or Authorized Signers.
- 10. Should the Bank agree and deem it acceptable, a signed copy of this Resolution, the Account Agreement, the Appointment of Signers, and the Appointment of Business Cardholders (collectively the "Documents"), may be delivered to the Bank via electronic means that are acceptable to, and that are acknowledged by, the Bank. The Bank may rely upon any and all records, Documents, signatures or authorizations obtained through such electronic means as though they were an original.
- 11. The Bank may maintain a copy of this Resolution in electronic form. A copy produced from such electronic form, or by any other reliable means, shall in all respects be considered equivalent to an original.
- 12. The Bank reserves the right to reject, or not accept, any of the Documents for any reason.
- 13. The signature of the undersigned on this Resolution is conclusive evidence of their authority to act on behalf of the Customer.

IN WITNESS WHEREOF, I have signed this Certificate as	of <u>02/20/2015</u>
DANIELLE C FOSS Name	Signature*
AUTHORIZED REP/SIGNER Title	<b>,</b>
Name .	Signature*
Title	
* Number of signatures required is dependent upon Customer's although two signatures may not be required. If additional signatures	organizational requirements. Space is provided for up to two (2) signatures ures are needed please contact your Bank representative.